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ABSTRACT

These proceedings, consisting of unit outlines, presentation summaries, handouts, overhead masters, and sample forms, were designed to provide nursing home inservice instructor coordinators with the materials that were presented at a two-day workshop dealing with the principles of adult education and their application in nursing homes. Addressed during the workshop were the following topics: principles of teaching adults (creating the proper atmosphere, clarifying expectations, developing learner-centered curricula, encouraging learner participation, and identifying learner needs); approaches to influencing attitudes (participants' attitudes toward classroom learning, general strategies with groups, simulations and role play models, and idea exchange); reinforcement of learning (competency-based learning, the use of audiovisual aids, resource evaluation, creative approaches to teaching, and resource sharing); and humor in the classroom (using humor in teaching and designing cartoons for learning). (MN)

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Proceedings from Advanced Training: for Nursing Home Inservice Coordinators

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INTRODUCTION

In 1979-80, the Gerontology Services Administration, completed a grant provided by the Research Coordinating Unit, Department of Occupational Education and Technology, Texas Education Agency, designed to assess the current state of training coordinators in long term care facilities in Texas. In addition, the grant provided the opportunity for development of a manual to present information regarding both the art and science of teaching adults within the nursing home setting. This manual, Think It Older: A Guide for the Inservice Coordinator provided the framework for the workshops summarized in these proceedings.

As a part of the second year grant from the Texas Education Agency, the project staff was committed to testing the manual for its effectiveness with trainers in the field. One of the mechanisms chosen for this evaluation was to provide several workshops, based on the principles outlined in the manual, and to use the manual as a companion volume to the handout materials presented at the seminars. Thus, the Gerontology Services Administration presented 2 two-day seminars designed specifically for the experienced training coordinator in the nursing home.

In an attempt to keep the program in line with the principles of adult education, a unique format was utilized. The workshop format was designed to cover specific topics in education; however, the structure allowed for a largely experiential learning situation in which each participant was expected to become a part of the teaching/learning process. The aim of the seminars was to introduce the principles of adult education and to have the participants experience the four major teaching methods: lecture, demonstration, discussion and simulation. An overall effort was made to translate the theory base of these methods into examples of practice in the nursing home.

OBJECTIVES OF THE SEMINARS INCLUDED:

- ENABLING PARTICIPANTS TO IDENTIFY THE ELEMENTS OF OPTIMUM LEARNING,
- ENABLING PARTICIPANTS TO ACCESS CRITERIA FOR EFFECTIVE USE OF TEACHING AIDS,
- PROVIDING EXPERIENCES WHICH WOULD ALLOW THE PARTICIPANTS TO EMPATHIZE WITH THE NEEDS OF ADULT LEARNERS IN THE NURSING HOME.

To assist in meeting these objectives, the manual, Think It Older: A Guide for the Inservice Coordinator was used as a reference throughout the seminars. It should be considered a companion volume to these proceedings and will be referred to frequently in this summary.

The purpose of these proceedings are to provide other training coordinators with the information presented by staff and with the suggesions provided by participants. The proceedings are only a summary of the two seminar activities, held in Dallas and Austin, but all materials used are included. Additional materials based on participant comments and other manual evaluation procedures are also included.

Appreciation is extended to all participants who contributed their comments and suggestions. Through these proceedings the common experience of training coordinators throughout the state can be shared and ideas for more effective staff training fostered.

AGENDA

The Next Step: Advanced Seminar for the Training Coordinator

Agenda

UNIT I — Morning Session

A. Principles of Teaching Adults
   1. Creating the Proper Atmosphere
   2. Clarifying Expectations
   3. Developing Learner Centered Curricula
   4. Encouraging Learner Participation
   5. Knowledge of Learner Needs

UNIT II — Afternoon Session

A. Approaches to Influencing Attitudes
   1. Participants' Attitude Toward Classroom Learning
   2. General Strategies with Groups
   3. Simulations and Role Play Models
   4. Idea Exchange

UNIT III — Morning Session

A. Reinforcement of Learning
   1. Competency Based Learning
   2. The Use of Audio Visual Aids
   3. Evaluating Resources
   4. Creative Approaches to Teaching
   5. Resource Sharing

UNIT IV — Afternoon Session

A. Humor in the Classroom
   1. The Use of Humor in Teaching
   2. Design of Cartoons for Learning

ABOUT LEARNING

UNIT I: INTRODUCTION TO THE SEMINAR AND THE PRINCIPLES OF TEACHING ADULTS — TIME: 3 HOURS

GOALS

- To enable participants to get to know the workshop faculty and each other
- To help participants see how this course will meet their needs in becoming more effective trainees
- To enable participants to see the link between adult learning theory and the design of this seminar
- To provide basic information on adult learning applicable to the nursing home.

OBJECTIVES

At the end of this unit, participants will:

- Have had the opportunity to experience a "poor" learning environment as part of a sensitization process
- Be able to describe a poor approach and outline a better approach to introducing learning programs
- Be able to identify and describe at least seven principles of teaching adults
- Be able to identify and describe Maslow's Hierarchy of Needs.

MATERIALS

- Flip chart or newsprint
- Easel/tape
- Overhead projector and transparencies (optional)
- Participant manual
- Handouts
- Registration sheet
- Name tags

The Atmosphere

The opening session of this workshop was designed to illustrate the "wrong" or inappropriate approach to teaching adults. The setting was designed to overemphasize the mistakes that educators often make in training adult learners. The atmosphere was designed to include the following:

1. Chairs were crammed around small tables with little room for materials or for writing.

2. No smoking signs were posted in the room.

3. The room was poorly lighted.

4. No orientation to the facility or program was provided.

5. The speaker spoke in a negative, low energy manner and had no objectives for the training.

6. The material presented was given at a very fast pace, with no opportunity given for questions.

7. The participants were immediately threatened with a quiz.

8. Participants were provided with a pad too small for actually taking any notes.

In essence the atmosphere was one of anxiety for participants and little interest for workshop faculty. The opening speech was designed to over-exaggerate a poorly prepared speaker. The text of this speech (The Wrong Way) is presented on the following page.

THE WRONG WAY

Please come to the front and have a seat. It will be good to have you all so close. The reason you are all so close is that my voice gets tired and people have trouble hearing me.

My name is Ann and our objectives today, we hope — oh, I forgot to tell you that there will be absolutely no smoking. I have a degree in respiratory disease and so I never allow people to smoke around me. I will be a sort of speaker this morning and try hard to help you learn something. I wish we had some specific objectives, but as we go along maybe you can write your own about what you would like to learn. I am presenting today with some of my friends (I guess they are friends — one never knows who their friends are these days). This is Helen over here, and that's Nora back there and that's Sharon over there. What we would like for you to do is to have you take notes.

You will need to take copious notes. We are going to give you an exam at the end of this and our exam is very difficult; probably you will not be able to pass it. We hope that probably 3 or 4 of you will make 50 at most, and as you can see we have microphones here, we hope you will talk into them although the placement seems wrong. One of the things we would like to do here is read our agenda. This morning we will probably have the principles of adult education. We will be creating a proper atmosphere for you to learn in, clarifying expectations, developing learner criteria, developing learner centered curriculum encouraging learner participation. Then this afternoon we will probably — we're not sure of this yet — but we'll be having you participate in classroom activities. We'd like you to exchange ideas in case you would have any, but we're not really sure what this means.

We have some objectives, or an outline for tomorrow, but I don't see any sense in going into that, tomorrow's a long time off. About this test — the test as you can see is going to be simple yes or no. You'll be asked questions about this at the end of the service here. You'll be asked if number 2 is on condition; you will be asked if your aides can correctly identify number 3, the criterion of acceptance, of taking an oral temperature, number 1, the terminal behavior. By the end of this inservice training, (points to chart) number 2 aides will be able to write three valid reasons for number 3 for using a rectal thermometer instead of using an oral thermometer, or number 1. I know that that may be a little confusing but I am sure you all can get that kind of stuff.

Continued

You will of course need to take an awful lot of notes which is why we have given you those pieces of paper. Helen, did you have anything you wanted to say at this moment? We are going to give you this pre-test soon to make sure everyone in here is on the right level for the material we are going to present. We'll give you a few minutes to take your pre-test and then we'll let you wait a few minutes while we grade it.

Did you all know that Sue Reed here is the outpatient director? Eighty percent of the patients at Parkland are in Thoracic units, and 1,772 people were seen in emergency room at Parkland. I think that is just incredible.

After announcing the pre-test, the participants were given a handout, which they assumed to be a pretest, but instead provided the following information.

No doubt you have noticed the environment and our methods of presentation have been highly unsatisfactory. This is by design. We have purposely subjected you to a very poor model of training as a sensitizing technique. Please feel free to have another cup of coffee for a few minutes while we attempt to reduce any anxiety/boredom we have generated and increase your comfort level by re-arranging the environment. Thank you for remaining calm and professional.

At this point in the session, following sighs of relief and much laughter, the participants were given a coffee break. The room was rearranged to provide a more comfortable environment in which to learn. On resuming the session, the participants and faculty were introduced and an agenda for the two days was distributed.

It is important to realize that the teaching technique used for this introduction was satire. The instructor must carefully consider the participants' level of expertise and attitude toward learning before choosing satire as a teaching tool.

As the first learning exercise, the participants were divided into three small groups, and given the assignment of analyzing the opening session. Each group was to identify aspects of the presentation which were wrong or which they felt must be remedied for learning to occur.

SUMMARIES OF THEIR RESPONSES ARE AS FOLLOWS:

GROUP I
- Room arrangement forced group into crowded seating.
- Speaker had negative approach.
- Presentation was haphazard.
- Speaker spoke in monotone and was unfriendly toward group and co-workers.
- The announcement of the test seemed irrevelant.
- Speaker was "heavy-handed" and authoritarian about rules, i.e. no smoking.

GROUP II
- Participants felt frightened.
- Participants felt disappointed and confused.
- Speaker set too many limitations.
- There was no set format; this sets up the expectation of haphazard planning of program.
- No objectives were set for the workshop.

GROUP III
- Speakers presentation indicated little preparation had taken place.
- Several participants had decided not to return for the second workshop.
- Participants felt angry/defensive/hostile.
- Speaker tried to prove superiority by citing degrees in subjects made to sound important.

This critique was used as the basis of explaining two teaching techniques. Participants were referred to the Chapter "What You Need to Know About Learning" in the manual Think It Older. The learning principles discussed are reproduced on the handout "Learning Principles."

The Learner

Following a short break the session continued with a review of the actual agenda for the remainder of the workshop. The staff concluded the review of the opening session with a short summary of ways to present a good program.

Presenting A Good Program

Foremost is to assure the comfort of adult learners. It is then important to establish a rapport with the participants which may be accomplished through an interested, energetic approach by presenters. The proper atmosphere should also be created, one which is free from fear and anxiety so that participants feel free to learn. The presenters must clarify their expectations and perhaps should encourage participants to express theirs or at least examine them on an individual basis. The curriculum should be learner centered and opportunity should be provided for active learner participation. This may be accomplished through discussion, role play, demonstration and practice or other participative methods. This includes adequate time for interchange between participants so that cross-fertilization of ideas can occur and contacts can be made. Overall, the teaching attitudes must reflect a commitment to learning and a positive approach to teacher/student exchange. Although the opening session attempted to illustrate, through exaggeration, some common mistakes made with adult learners, those attending the workshop were urged to look at their own programs and presentations and work toward creating the successful teaching atmosphere that these principles describe.

In response to a few of these problems, active dialogue ensued between participants on possible solutions. For example, in response to the need for better communication between food service and staff, one participant cited a novel feeding program which allowed the residents food to stay warm. This program involves the nurse calling for five trays at one time. When these are finished, the nurse calls the kitchen for five more. Although it is somewhat more time consuming, it has reduced the number of complaints and improved resident satisfaction.

Many suggestions were shared regarding motivation and reward for employees. Examples included the awarding of name badges, pins, or other symbols for training completed, length of service, etc. Some facilities reward long term employees by giving them more authority or training responsibility for new employees. One innovative program designates training aides and rewards them by giving them a regular Monday through Friday shift with weekends off. Participants discussed money as a motivator

and concluded that it only works with some groups. Studies have shown the top motivator to be a supervisor or management that is willing to listen and work out problems. One participant brought up the idea of a suggestion box for employee input.

Other incentive included showing interest in the personal needs of the staff. In one facility, a family night is held once per month. This social event allows the staff to interact in a non-threatening environment and to really see each other as people. In addition, one coordinator suggested having an "employee of the month" program to honor individuals for service. Several participants related that they "write up" reports on good performance and keep these in the employee's file. This is particularly helpful to the employee to be singled out not only when they make mistakes, but also when they exhibit positive behavior.

In one facility the management has changed the title from nurse aides to nursing assistant in order to remove any negative connotations attached to the aide title. Others provide financial bonuses for length of service and good attendance. Others recommended including staff in management may foster feelings of group effort and clarify staff role in the organization. Additional ideas included 24-hour Nursing Care Cards to be given to families. In this way they will know who is caring for their relatives on every shift and helps personalize the staff to visitors. A final suggestion was to set up standard performance appraisal times so that employees can get consistent feedback on their performance in an objective manner.

This topic, motivation, elicited much discussion and was recommended as a single topic for a future workshop with perhaps a specialist in the field brought in for the presentation.

The materials used for this section of the workshop included:

1. Oral presentation of on "The Characteristics of Adult Learners."
2. Pages 30 - 38: Think It Older.
3. Handouts.

Characteristics of the Adult Learner
(summary of oral presentation)

Learning has been defined as a change in behavior. In order to change behavior it is important for the inservice educator to understand an adult's value system. The instructor should determine how the individual adult learner perceives self-worth, approval and sources of power. Adultness is not defined as an age but rather as a state of maturity. Adults tend to see themselves as responsible, self-directing, independent personalities. Therefore, adults tend to resist learning under conditions that are incongruent with their self-concept as autonomous individuals.

The adult learner generally enters the educational setting with more experience than a younger learner and usually defines self in terms of these experiences. They may have broader foundations of information to associate with new ideas, but they also may have more fixed habits of thought and may become critical of the traditional teaching methods, e.g. lectures, textbook readings, and quizzes. The successful inservice educator will examine the relationships between new concepts and life experiences.

The adult learner is usually far less attached to the academic process than the younger student. Adults are more interested in practical learning experiences that are related to their job. The adult learner is more problem oriented in that they are usually much less interested in the subject than they are in how they can apply the learned information.

Creating a climate of mutual respect between teacher and learner, of warmth and informality, of freedom from threat and judgment, of positive regard for a person is the challenge for each inservice educator. The learning atmosphere should be relaxed and non-threatening.

Written tests or oral quizzes often make the adult learner feel inadequate because of his/her fear of failure. Adult learners react by becoming defensive or ambivalent, and their perceptual field may become so narrow that learning becomes impossible. Involvement of learners in the planning process – jointly formulating objectives – will help foster mutual respect between student and teacher.

Physical characteristics of the learning situation are also very important. The adult learner likes to be comfortable enough to remain alert but not so comfortable that sleep occurs. The adult learner also likes frequent breaks and he/she likes to have refreshments (usually coffee) available.

Finally, it is important to spend time assessing the needs of adults. Maslow has done much of the definitive work in the concept of

Continued

need and his interpretation is based upon the assumption of an inherent growth or need-fulfilling tendency in man. Maslow sets forth five sets of needs arranged in a hierarchy, and theorizes that the emergence of one need usually rests on the prior satisfaction of another need which is more basic or ever-present at the time. In looking at adult learners it is vital to assess their current state of need satisfaction and how this is affecting their learning.

Overhead Master

BASIC PRINCIPLES OF MOTIVATION,[1]

1. ORDER. THINGS THAT OCCUR IN A LOGICAL ORDER ARE EASIER TO LEARN THAN IF NO ORDER EXISTS.

2. LENGTH AND COMPLEXITY. SMALLER AMOUNTS OF INFORMATION ARE EASIER TO LEARN THAN LARGE AMOUNTS. TEACH SEGMENTS FIRST, THEN PUT TOGETHER TO FORM A WHOLE.

3. MEANING. THE MORE MEANINGFUL THE TASK, THE EASIER IT IS TO LEARN. TRAINERS MUST HELP STUDENTS SEE MEANING IN WHAT THEY ARE LEARNING.

4. WHOLE VS. PART. THE MOST EFFICIENT WAY FOR A STUDENT TO LEARN IS TO WORK ON THE SMALLEST SEGMENT OF MATERIAL THAT HAS MEANING.

5. VIVIDNESS. HIGHLIGHTING PARTICULAR FACTS WILL DRAW ATTENTION TO THEM.

6. MOTIVATION. POSSIBLY THE SINGLE MOST IMPORTANT FACTOR IN LEARNING.

7. REINFORCEMENT. BEHAVIORS THAT ARE REINFORCED ARE MORE LIKELY TO BE REPEATED THAN THOSE THAT ARE NOT.

8. FEELING TONES. IF A STUDENT HAS "GOOD VIBES" WHILE LEARNING, THE LEARNING WILL BE MORE EFFICIENT.

9. ACTIVE PARTICIPATION. THE STUDENT MUST BE ACTIVELY INVOLVED WITH THE INSTRUCTIONAL CONTENT TO LEARN.

10. DEGREE OF GUIDANCE. CAREFUL GUIDANCE BY THE TRAINER WILL GREATLY IMPROVE THE EFFICIENCY OF TRAINING AND LEARNING. GUIDANCE SHOULD BE WITHDRAWN AS THE STUDENT GAINS PROFICIENCY.

11. KNOWLEDGE OF RESULTS. A STUDENT MUST RECEIVE FEEDBACK IF HIS PERFORMANCE IS TO IMPROVE. THE MORE SPECIFIC AND IMMEDIATE THE FEEDBACK, THE BETTER.

12. LEVEL OF ASPIRATION. THE AMOUNT OF MATERIAL A STUDENT ELECTS TO LEARN OVER A PERIOD OF TIME WILL VARY FROM STUDENT TO STUDENT.

13. SCHEDULE OF PRACTICE. STUDENTS SHOULD PRACTICE THE SMALLEST PART THAT HAS MAXIMUM MEANING AND DOES NOT WASTE TIME. EMPHASIZE PERFORMANCE, NOT ARBITRARY TIME LIMITS.

[1]Ernst, Nora S. Think It Older — A Guide for the Inservice Coordinator, Gerontology Services Adminsitration, School of Allied Health Sciences, University of Texas Health Science Center at Dallas, June, 1980,. (p.25)

Overhead Master

A SUMMARY OF CHARACTERISTICS OF ADULT LEARNERS

- ADULTS ARE AT VARIOUS STAGES OF AUTONOMY, AND THEY EXERCISE THEIR AUTONOMY LEARNING SITUATIONS. THEIR CONCEPTS ABOUT THEMSELVES DIRECTLY AFFECT THE BEHAVIOR AND DESIRE TO LEARN.

- ADULTS HAVE A BROAD BASE OF EXPERIENCE UPON WHICH TO DRAW AND TO SHARE WITH OTHERS.

- ADULTS SEEK TO LEARN WHAT THEY HAVE IDENTIFIED AS IMPORTANT RATHER THAN WHATOTHERS DEEM IMPORTANT.

- ADULTS LOOK TO LEARNING WHAT CAN IMMEDIATELY BE APPLIED.

- ADULTS ARE PROBLEM-CENTERED RATHER THAN SUBJECT-CENTERED.

- ADULTS WANT TO KNOW IF WHAT THEY ARE ASKED TO LEARN IS RELEVANT TO THEIR NEEDS.

MASLOW'S HIERARCHY OF NEEDS

According to this hypothesis — our needs can be arranged in hierarchical fashion, with physical needs being the "lowest" and the most basic, followed in ascending order by security, social, egotistic, and self-actualization needs. Motivation for meeting higher needs will not occur until the lower, more basic needs are satisfied. Once a lower-level need is satisfied, however, it no longer motivates. A person moving up the hierarchy may reverse direction and move downward if his lower-level needs are threatened.

If you think about it for awhile, you will see that a sizeable part of what a person does every day is a direct or an indirect attempt to satisfy survival needs. You also realize that one cannot really separate them from some other needs of a social or psychological nature. Ex., when you have special guests over for dinner, you could satisfy their physiological need for food by serving vegetables, bread, and milk. What we do is have salad, steaks, dessert, and a choice of drinks, thus satisfying social and esthetic needs on a higher level also.

Obviously we are continuously motivated by needs other than the purely biological: shelter when buying a new home — transportation in purchasing a new automobile.

Some behavior may be difficult to understand; the most important motive may not be the one that is most obvious. Thus we must be aware of the complexity of human needs and behavior when utilizing Maslow's Hierarchy.

SURVIVAL NEEDS

Biological needs of all men for food, water, rest, and elimination, etc.

SAFETY NEEDS

When survival needs have been met, man becomes concerned with safety needs. These are fear-based needs for protection against danger, threat, or deprivation of something considered necessary. They also represent the longing for security in one's world.

BELONGING NEEDS

Having attained a comfortable level of security, the need to belong emerges. Man is a social animal and is motivated by the need to belong, to be liked and wanted as a person. He needs friendship and, association with his fellows; he is hungry for companionship.

ESTEEM NEEDS

Once the social needs are met, esteem needs become the motivators of behavior. These needs include the desire for self-confidence, self-respect, and the need for competence and knowledge.

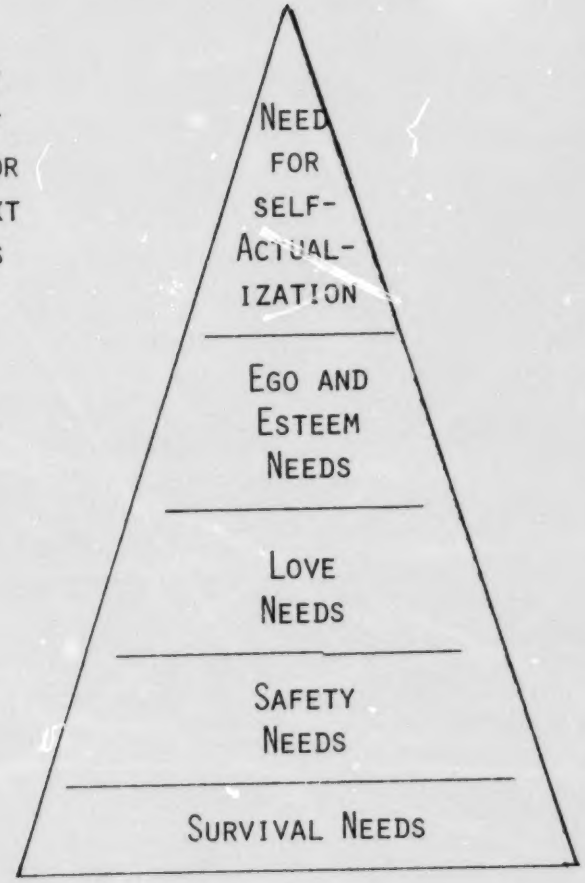
Also included is a desire for status, recognition, appreciation, and respect from others. These needs are rarely fully satisfied, and an individual will continue to seek greater satisfaction of these needs. FOR MANY PEOPLE, THE NEED FOR RESPECT AND RECOGNITION FROM OTHERS IS MORE IMPORTANT THAN THE NEED FOR SELF-RESPECT.

SELF-FULFILLMENT NEEDS

To the extent all other needs are met, individuals seek self-fulfillment. The related needs are for fulfilling one's potential, for continual self-development, and for fully being oneself.

Overhead Master

EACH HIGHER NEED DOES NOT BECOME POTENT AS A MOTIVATOR UNTIL THE NEXT LOWER NEED IS SATISFIED.



EXAMPLES

TO DO WHAT YOU MUST DO TO BECOME FULLY YOURSELF. TO DEVELOP YOUR OWN INDIVIDUALITY.

RESPECT AND LIKING FOR SELF AND OTHERS. STRENGTH COMPETENCE; FREEDOM AND DESERVED FAME.

MEMBERSHIP, ACCEPTANCE, BELONGING, FEELING LOVED AND WANTED.

PROTECTION FROM PHYSICAL OR PSYCHO-LOGICAL THREAT. FEAR AND ANXIETY. THE NEED FOR ORDER AND STRUCTURE.

FOOD, WATER, SHELTER, ETC.

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MASLOW'S HIERARCHY OF NEEDS

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ABOUT TECHNIQUE

UNIT II: APPROACHES TO INFLUENCING ATTITUDES TIME: 4 HOURS

GOALS

- To enable participants to see the need for special approaches to changing attitudes
- To enable participants to see the link between experiental learning and attitude change
- To allow the participants the opportunity to share training experience in the area of attitudes toward aging residents and the nursing home environment.

OBJECTIVES

At the end of this unit, participants will:

- Be able to describe simulation and role play as teaching methods
- Be able to identify at least three topics appropriate for using the simulation as a teaching method
- Have had the opportunity to experience a simulation of the disabilities of typical elderly nursing home residents
- Be able to define shaping and modeling and describe their importance in teaching
- Have had the opportunity to share "success" stories in teaching with other participants.

MATERIALS

- Flip chart or newsprint
- Easel/tape
- Handouts
- Empathic Model
- Participant Manual
- Overhead projector and transparencies

The Simulation

The opening of the afternoon session began with a discussion of teaching areas. By far, it seems that the hardest area to change is attitudes. In the nursing home this is a particular problem since many employees bring with them a negative approach to older people. The opening statements are summarized below.

ATTITUDE ATTAINMENT

An attitude is a learned, emotionally toned predisposition to react in a particular way toward an object, an idea, or a person. These feelings or values may express how an individual believes an object or relationship affects him. Over time, these feelings gradually develop, becoming well established, and subsequently are reflected in behavior. The individual may not be aware that he is acquiring these attitudes.

Group association seems to have particular influence on the acquisition of attitudes. The influence of these groups is logical since identification, imitation, and conditioning all play an important part in attitude learning. For example, an individual growing up with close contact with the primary group or family is likely to imitate their behavior and be rewarded for it.

In looking at suggestions for teaching attitudes, we can look directly at how they are learned. Suggestions include providing a model whose attitudes the learner can see and imitate. Another method of influencing attitudes is to provide positive, satisfying experiences from which the learner can develop a positive response to ideas or feelings associated with the experience.

One of the major problems in changing attitudes is that those reinforced at one point in life may be extinguished at another. For example, an employee who may be showing improvement in attitudes toward the elderly while at work may lose that new approach when back at home with peers who hold no respect for the aged.

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[1]Summers, C.F., editor: Attitude measurement. Chicago: Rand McNally & Company, 1970.

The body of research from which role playing is drawn is considered to be the most reliable in the area of attitude change. Active participation is more effective than passive exposure to persuasive communications. The minimal requirement of the role-playing technique is that the individual become involved in the attempt to present, sincerely and convincingly, the attitude of another person. All techniques of attitude change rely on the assumption that change comes out of conflict, discrepancy, inconsistency, or discontent with the status quo. Group pressure techniques make the individual aware that his behavior is in disagreement with the norms of the group. Another technique is social imitation of a model's behavior. Audience participation helps to overcome resistance. Persuasion is more successful if the persuader has high credibility based on expertise and trust worthiness. Action is both motivational and informational and plays a vital part in attitude change.[2]

The feelings which may reflect attitudes or be expression of affect are constantly present during learning and must be incorporated into the learning process. Therefore, a general guideline for every teaching experience could be to assess the learner's feelings about the topic, validate this with them, encourage their expression, and when necessary try to influence them with the methods discussed here.

A handout on attitude change was distributed. The trainers began a discussion on changing attitudes based on this. After about two minutes, they pointed out that such a written format is an ineffective method for changing attitudes. Then the overhead "Climate Setting Checklist" was used and participants were asked to comment on the interaction between physical surroundings, human relations, and the organization.

The participants were then encouraged to participate in a sensory awareness simulation designed to simulate disabilities of typical elderly nursing home residents. The model is described as follows.

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[2]Redman, B.F.: The process of patient teaching in nursing. St. Louis: The C.V. Mosby Company, 1980

ATTITUDE CHANGE

Most of the kinds of changes we are concerned with involve attitudes or behaviors which are integrated around the self, where change implies the giving up of something to which the person has previously become committed and which he values.

Any change in behavior or attitudes of this sort tends to be emotionally resisted because even the possibility of change implies that previous behavior and attitudes were somehow wrong or inadequate, a conclusion which the change target would be motivated to reject. If change is to occur, therefore, it must be preceded by an alteration of the present stable equilibrium which supports the present behavior and attitudes. It is this step, difficult to pin down precisely, which we believe Lewin correctly saw as akin to "unfreezing" – making something solid into a fluid state. Any viable conceptual scheme of the influence process must begin with the process of unfreezing and thereby take account of the inherent threat which change represents. For any change to occur, the defenses which tend to be aroused in the change target must be made less operative, circumvented, or used directly as change levers.

Once the change target's present equilibrium has been upset, once he has become motivated to change, he will seek information relevant to his delimma. That is, he will seek cues as to the kind of changes to make in his behavior or attitudes which will reestablish a comfortable equilibrium for him. Such information may come from personal or impersonal sources, from a single other person or an array of others, from a single communication or a prolonged search. It is this process, the seeking out, processing, and utilization of information for the purpose of achieving new perceptions, attitudes, and behaviors, which we have called "changing."

Overhead Master

CLIMATE SETTING CHECKLIST

PHYSICAL SURROUNDINGS

SPACE

LIGHTING

ACOUSTICS/OUTSIDE

NOISE

DECOR

TEMPERATURE

VENTILATION

HEATING: COMFORT/ POSITION

SEATING ARRANGEMENTS/ GROUPING/MOBILITY/ REST/CHANGE

REFRESHMENTS

WRITING MATERIALS

ASH TRAYS

REST ROOMS

AUDIOVISUAL AIDS

COAT RACKS

PARKING

TRAFFIC DIRECTIONS

NAME TAGS OR CARDS

RECORDS/ADDRESSES, ETC.

HUMAN AND INTERPERSONAL RELATIONS

WELCOMING

COMFORT SETTING

INFORMALITY

WARM-UP EXERCISE

DEMOCRATIC LEADERSHIP

INTERPERSONAL RELATIONS

HANDLING VIP's

MUTUAL PLANNING

ASSESSING NEEDS

FORMULATING OBJECTIVES

DESIGNING AND IMPLEMENTING ACTIVITIES

EVALUATING

CLOSING EXERCISES

CLOSE ON TIME (OPTION TO STAY)

ORGANIZATIONAL

POLICY

STRUCTIRE

CLIENTELE

POLICY AND STRUCTURE COMMITTEE

MEETING ANNOUNCEMENTS

INFORMATIONAL LITERATURE

PROGRAM THEME

ADVERTISING

POSTER, DISPLAYS

EXHIBITS

BUDGET AND FINANCE

PUBLISH AGENDA AND CLOSING TIME

FREQUENCY OF SCHEDULING MEETINGS

THE EMPTHIC MODEL

This kit was put together by the Gerontology Services Administration and is an exercise designed to stimulate the activities of daily living experienced by a typical nursing home resident. Although understanding the aging process and the physical change associated with it does not necessarily guarantee that one will approach the older person in a different manner, and understanding of aging may help those persons who assist them in their life situation. Through this understanding, positive behavior of staff members may be encouraged, while negative behavior may be reduced.

The model attempts to focus on the physical changes which impede the independence of the nursing home resident, including changes in vision, dexterity, hearing. In addition it elicits discussion concerning the ways in which staff may diminish the adult self-concept of older people.

This simulation model includes the following materials which could be collected by the trainer at little expense:

Sunglasses with scratched lens (to simulate vision loss)

Children's socks (to simulate loss of dexterity)

Large-eyed needles, thread, and material patches with large buttons

Dull scissors

Crayons

Bingo cards/counters

Children's puzzles

Playing cards

Children's coloring book or copies of large pictures to color

Tray with dishes/silver for "mock" feeding.

Although not utilized in this simulation, other situations can be developed using wheelchairs, walkers, and other pshyical aides. Participants in the simulation are asked to use these aides over the next half-hour and then express their feelings and frustrations. Enough equipment is needed

for a standard size class and will vary with each facility. The activities described below outline a few activities which one can design with this basic kit, and others are possible with a little imagination. Although this exercise is a fun simulation, the trainer must focus the class on the more serious implications of this exercise in "feeling" like an older person.

For additional information and materials, the trainer may wish to refer to Sensitizing People to the Process of Aging: The In-Service Educator's Guide by Herbert Shore and Marvin Ernst. It is available from the Center for Studies in Aging, North Texas State University, Denton, TX.

AN EMPATHIC MODEL

Training of Nursing Home Personnel — Instructions for Exercise

The model is constructed to follow the Activities of Daily Living which a typical resident of a nursing home might be expected to encounter. The suggested order of use is the following:

1. Have two volunteers perform the first "mock-up." One will be the resident who has suffered a stroke and does not have use of his/her handedness arm. The other will be the nurse who will bring breakfast, expect the resident to 'try' some self-help (i.e. getting dressed — use a large man's shirt over street clothes and have the volunteer attempt to feed oneself with the wrong hand. Remind the 'nurse' the kitchen will be cranky if the dishes are not returned on time, and that she herself has quite a list of duties and may not spend to much time at this. In fact at some point urge her to take over the feeding and to HURRY it up.

Have the volunteers reverse roles at mid-point to see how the former 'resident' delights in the chance to "get even." Ask for verbalization of how each felt, having the food poked down, having the nurse 'hurry' them with the dressing, etc. and the self image damage they experience having to be helped with such ordinary affairs.

2. Next suggest that all participants in the group will get a chance to be eighty-three years old. In order to appreciate fully this fact, each will get a disability. Some will wear the socks over their hand, some will wear the "cataract" vision glasses. Those with the socks have crippling arthritis or stroke related paralysis.

In order to participate in any kind of activity or social encounter, one must make sure their appearance is acceptable. We will have to sew a button, hem or seam before we can do anything. Everyone will get a chance to 'thread the needle' for this task. Remind them as they try, they must HURRY UP and that they should be <u>glad</u> they are big-eyed needles!

3. Now that we're all properly attired, we are going to participate in the home's party plans. There's to be a carnival next month, and even the less ambulatory can help with the decorations. Give each person the 'clown' to color (swap disabilities) and cut out. Keep announcing the time factor so that they are rushed again.

Of course not all of you will enjoy this particular activity, so for some we will have games to play. Again, have two volunteers come up to play some cards. Have one represent one disability and the other volunteer 'wear' the second disability. If a third person with no disability will join them at some point and become exasperated with the <u>slowness</u> and clumsiness of the game it will point out the feelings which will occur.

4. Though it may seem the disabilities you have suffered are major ones, it has been found that the hearing loss which is associated with aging is more damaging in many respects than the other disabilities which are encountered. For instance, everyone knows that the common game of BINGO is standard fare for nursing homes. But lets take a look at how hearing loss affects the playing of it. (You can use the socks or not in order to compound the problem. They will make it very difficult to pick up the markers). Be sure when calling the numbers you slur them somewhat, go fast in calling and leave out the high frequency sounds such as 'S' when calling.

SUGGESTIONS

Take time to get feedback from participants at every opportunity as to how they feel, how they think residents must feel. Be aware of chances to sum up the psycho-social damage which is done through loss of self-image, peer group relationships, feelings of independence and self-worth. Invite participants to visualize the resident coping with the above along with the actual discomfort of the physical problems they have. Speculate on the level of "empathy" most of the personnel in the nursing home have in this regard. Ask each person to get in touch with how they would handle the situation if the roles were reversed.

In response to this exercise, the participants expressed these feelings:

- I do not want to be put into the position of residents who are forced to participate in activities. I don't like being told "you will play bingo."
- I didn't like being treated like a child.
- It was so frustrating not to be able to see or use my hands.
- To realize that I might have these handicaps, to not be able to take care of myself and that someone would be taking care of me who might not really care is very frightening.
- It felt like child's play. For example, coloring the monkeys really shows the tendency to infantalize activities for older people.
- I have also used a role-playing exercise with aides feeding each other to get the feel of feeding patients. This can be done with blindfolding the person being fed. This gives some understanding of patients who must be fed and perhaps don't even know what they are eating.

An alternate approach to the simulation exercise is role play. The chapter on role play in the manual Think It Older provides an overview of this teaching method. A sample role play situation is presented on the next two pages as an illustration.

Role Play Example

Objective: Through participation in a role play, the student will begin to develop increased sensitivity for the elderly patient.

Problem: Communicating with a demanding short-tempered patient.

Selection of Participants: The instructor should be careful that he or she does not appear to be singling out a particular student. It is often advisable to have students switch roles and if time permits to have a number of students take roles.

Cast: Mr. Thomas, 85 years old, with some hearing impairment and restricted to a wheelchair.

Ms. Moore, aide;

Mrs. Kind, elderly friend of Mr. Thomas;

Place: Mr. Thomas' room in the nursing home.

Mr. Thomas (facing the window): This room is cold.

Ms. Moore: It's no different from yesterday.

Mr. Thomas: The food was too hot at breakfast, it wasn't yesterday.

Ms. Moore: What does that have to do with your being cold.

Mr. Thomas: It doesn't have anything to do with my age.

(Mrs. Kind enters the room)

Mrs. Kind: Hello John, Ms. Moore.

Ms. Moore: Do you know what's bothering him?

Ms. Kind: (Faces John so he can see her face when she talks) John. how do you feel.

Mr. Thomas: I'm so cold, I think I have a temperature.

Ms. Moore: (Moving to face Mr. Thomas) Let me take your temperature.

Feedback Session: The instructor should focus on the feelings of the performers as they went through the role play. Ask for the reactions of the audience. Ask for skills that the role play pointed out and how they can be used to aid in effective communication with patients.

Making The Choice

The next exercise was an overhead presentation of material titled "But First You Have to Get Their Attention." This material, on choosing the appropriate teaching strategy in a variety of situations focuses on the concept of random reinforcement as a teaching technique. As an introduction to the exercise, this summary was provided.

Reinforcement is a consequence that increases the probability of the preceding response: either the presentation of something positive, such as food, money, or praise, or the removal of something negative, such as pain, ridicule, or being ignored. Reinforcing consequences, whether positive or negative, will increase the probability of new behavior.

Once a new response has occurred, it is a fairly simple matter to reinforce it so it will be strengthened. In the case of many complex behaviors, however, the response rarely occurs so that it can be reinforced. In this case, shaping can be used to bring about the desired response.

If you are teaching someone a new skill, you may start the "shaping" procedure by reinforcing behavior close to the desired behavior. You then shape the response by reinforcing closer and closer approximations to the final response. Shaping changes behavior by small incremental steps, and praise can be given on a random schedule so that the individual does not know when it will come and therefore must keep trying all the time. This random reinforcement is one of the most successful methods for changing behavior.

BUT FIRST YOU HAVE TO GET THEIR ATTENTION

The next twelve pages contain a programed learning module. This module is designed to help the trainer appreciate the topic of motivation and attitude toward learning.

In order to use this module, the learner reads the first page and chooses one of the three possible choices, A, X, or M. Then one turns to the page labelled with that letter. Continue on in this manner until

you have read enough. Since this material is basically humorous, it usually elicits group discussion and as such becomes an easy vehicle for serious discussion.

BUT FIRST YOU HAVE TO GET THEIR ATTENTION

Wow! Do you know how the buyer felt in that trite old story about the farmer who sold the well-behaved mule...well-behaved, that is, after you hit it with a two-by-four... to get its attention!

It's late the first morning, and this class will need more than a two-by-four! The coffee break didn't revive them. They won't give anything but monosyllabic answers to directive questions; they shrug as an answer to open questions. The real livewires say as much as "I don't know." Mostly, though there is doodling and whispered distractions. To get their attention, you decide to:

A. Show a slide tape package on Getting A Job Is A Whiz, but slip into two or three nudes at random positions in the slide tray.

X. Break them into five-member teams to report back with tips from their own experience about effective interview techniques.

M. Shift to your presentation on Sure-Fire Failures. It usually gets lots of laughs — especially the anecdotal evidence, which just might get even these silent non-listeners to share some of their own war stories.

A

The nudes in your slide-show do get the desired response. A few must have been watching when the first one appeared on the screen, because there were low whistles and catcalls. The third nude produced a round of applause.

You also noticed other results. The three women in class were definitely not amused: none of them has participated since. Comments from the men have been lively... perhaps too lively. They give lecherous interpretations to innocent comments by you: they find Freudian implications in everything; they have used a few words which were frankly out of place. In view of this, you decide to:

B. Gently "scold" them by asking them to "cool it," by reminding them of course objectives, and by reminding them also that they are there to learn something.

X. Break them into five-member teams to report back with tips from their own experience about the subject to be dealt with next.

M. Shift to your presentation on Sure-Fired Failures. It usually gets lots of laughs — especially the anecdotes, which just might get even those non-listeners to share some of their own war stories.

B

The more you remind them of their responsibilities and of the course objectives, the deader they become. They stare at the table tops or thumb idly through their workbooks. And they doodle a lot. There is much sighing and shifting in the chairs; there are lots of trips to the bathroom. What should you do?

G. Use your process analysis skills and check their feelings about the course and about being there.

S. Continue the scolding until they shape up or reveal the real causes of their obvious non-interest.

Y. Forget about discussion and do the best job you can of lecturing and pointing out the key points in the films they are scheduled to see.

C

The people to whom you give positive reinforcement look just a bit embarassed, but they do have a few more things to say during the next hour. That, in turn, produces one or two new ideas which had not shown up in any of the team reports. You feel that there has been a definite turn around, and that it would be a good idea to:

A. Reward the group by putting a few nudes at ramdon positions in the tray of slides for the next scheduled slide-tape package.

D. Continue to reinforce some (but not all) of their contributions to the discussion. You want to reinforce small steps toward the desired level of participation and attention.

E. Continue to reinforce everything they say, even the small steps toward the level of attention and participation you seek.

G. Use your process analysis skills and check their feelings about the course and about being there.

D

You know something? That man Skinner (positive reinforcement, praise) may have hit on a useful idea! The more you make them feel they are contributing, the more they actually contribute.

By early the second morning you are convinced that random positive reinforcement (praise, gratitude, building constructively on their comment or question) is indeed a powerful motivator.

You decide to look into this theory more deeply. Your reading tells you that you have used a variable schedule to reinforce successive approximations of a desired behavior. How about that?

As far as you're concerned, it's nice to have theoretical support to explain practical, empirical results. But the important thing is that it worked... that it worked to help you follow up on the team tasks which you employed to get their attention in the first place! You have every reason to feel good about the strategies you used with this class.

E

There must be something you don't know about positive reinforcement. At first, the steady praise works wonders. But by the second day their participation again falls off. In fact, by afternoon it is virtually dead.

At the third coffee break you hear a couple of the participants referring to "our cheerleader." You're pretty sure they mean you. Maybe you should:

B. Gently "scold" them, reminding them of course objectives and telling them that they are there to learn something.

D. Continue reinforcement, but apply it only to occasional contributions rather than to everything they say or do.

Y. Forget about discussion and do the best job you can of lecturing and pointing out key points in the films they are scheduled to see later in the course.

G

The process analysis session starts out just "so so." Generally, however, the discussion is sluggish. Participants seem uncomfortable with this activity, and three or four people do 90% of the talking. In addition, the comments are about 90% content-centered. Few feelings emerge. After 20 minutes of this you decide it's time to"

B. Gently "scold" them by asking them to review the course objectives and by reminding them that they are there to learn something.

D. Try to reinforce some (but not all) of their contributions to discussions, giving support toward small steps toward the level of attention and participation you desire.

E. Give positive reinforcement to every contribution to any discussion.

M

Your presentation on Sure-Fired Failures isn't working at its best today. There are a few (but very few) chuckles at your favorite anecdotes. There is much shifting in the seats and much shuffling of feet. One or two get up and leave for the restroom, though you just completed a break for that purpose. One man actually falls asleep and there is evidence of general drowsiness. At this point you decide the best thing to do is:

A. Show the slide-tray package of Getting A Job Is A Whiz; but slip in one or two nudes at random positions in the slide-tray.

B. Gently "scold" them by asking them to "cool it," by reminding them they are there to learn something, and by reviewing the course objectives with them.

X. Break them into five-member teams to report back with tips from their own experiences about the solution to the problem they will discuss.

R

Your second team task, on another topic, goes rather better than did the first. The team reports are more complete, more thoughtful and more creative. They choose different leaders and with less nonsense.

In view of this, you decide to:

A. Reward them by slipping a few nude shots in at random positions during the next scheduled slide-tray package.

C. Give positive reinforcement to random worthy contributions. You thank each spokesperson again, but you select just one item from each report (well, three items from the best report) for special commendation.

E. Give some form of positive reinforcement for every single thing which might merit commendation.

S

The more you scold, the more they sulk; the more you chide the less they challenge: the more you preach, the less they talk.

Yet you can feel ever-stronger resistance. It shows up in the form of shrugged shoulders, eyes that evade yours, and of "I don't know" responses to any form of questions. In view of this, you feel that you had better:

A. Show the regularly scheduled slide-tray presentation, but slip in some nudes at random intervals.

X. Break them into five-person teams and have them report back with recommended solutions to the problem covered in the next module.

Y. Forget about discussion, and do the best job you know how of lecturing and of pointing out key points in the several films they are scheduled to see later in the course.

X

The activity levels during the team task (to give tips to one another on Getting A Job Is A Whiz) are quite heartening. You decide not to tell them this, because the room is never what you'd call noisy; but in these smaller social groupings, most of them seem to have something to say.

But the reports are a big disappointment. There is undue fuss and wasted time in selecting spokespersons, all three women refer to "being stuck with the job," and the reports are inferior: very few items on the lists, uninspired and uncreative suggestions, and very little discussion at the end. You decide that you should now:

B. Gently "scold" them by asking them to shape up, by reminding them they are there to learn something, and by reviewing the course objectives with them.

C. Give positive reinforcement to random worthy contributions. So you thank each spokesperson and find at least one item per list to praise or relate to basic Job Seeking Principles.

M. Shift to your Sure-Fired Failures presentation which usually gets lots of laughs. The anecdotes are especially popular and might get these people to share some of their own war stories.

R. Do another team task on a different topic.

Y

Your continued use of lectures and films maintains the same low levels of attention and commitment you sensed the first morning.

You tell yourself that you can't win them all and this was just a bum bunch of participants — well, "non-participants" if you want to be perfectly honest about it.

But in your heart you know you are rationalizing: you know that there are surely professional instructional strategies you could have used. It will be a long time before you stop asking yourself, "If I had it to do all over again, how might I have gained their attention?"

In summation of this exercise the staff provided the following commentary and provided the participants with a list of additional resources in this area.

> When we work with older people or we are training others to work with older residents, they need to have some way to understand the frustration that older people may have to cope with every day. When the losses of mobility, dexterity, vision and hearing are combined with chronic illness, it becomes apparent that many older people may be struggling just to get through the day. If we can get staff to empathize with that, to know what their disabilities are like on even a cognitive level, the quality of care must surely change. It may not be something that can be checked on a skills checklist, but it is a good motivator to want to be more skilled in your care giving if you have a feeling for the people. We have tried to illustrate that when trying to change attitudes, role playing and simulation are very good. A quote from a brochure recently read applies here — it says: "A simulation game is like a kiss; it's interesting to read about, but much more interesting to participate in, and those that do tend to repeat the experience."

As a final exercise in the approaches to changing attitudes, the participants discussed other attitudes which are difficult to focus on in the nursing home. This includes the question of how to get aides to personalize service. Suggestions given include calling the resident by name and always telling them what one is about to do to them when giving service. The attitudes toward aides by residents may also be a problem. Some residents tend to treat the aides as servants, without an understanding of their job role. A final issue concerned the need for better communication between staff shifts in regard to patient status. Good written notes with charts were recommended.

In concluding the first day of the seminar, the focus turned to a discussion of the methods by which adults can be motivated to learn and to perform. Motivation can be one of the biggest problems faced by training coordinators in the nursing home. Nurses may not see the value in training which takes time away from actual care. Often nurse aides, with little or no job loyalty or identification, do not see the need for training and education. Administrators may question the cost effectiveness of training. The training coordinator, with many jobs to do, may even have difficult finding self-motivation to teach and encourage others.

In an attempt to let participants share in answering the question of what motivates employees, the following exercise was designed. Participants were directed to refer to Think It Older: A Guide for the Inservice Coordinator. On pates 27-29 of this manual, the authors list and discuss items which help to motivate others in the learning environment. In small groups the participants analyzes these items and provided examples from their own setting in which they put these techniques into practice. Their responses are summarized in the table below.

What Motivates Employees

MANUAL ITEM	SMALL GROUP RESPONSE
1. Use appropriate methods of reinforcement.	• We give lots of praise and positive reinforcement. Try to do it immediately when the work is done.
2. Eliminate unnecessary threats and punishments.	• Only punishments when it is a serious infraction, not for "picky" things; at that point it loses its threat when used constantly.
3. Provide people with flexibility and choice.	• Scheduling and shifts - for example we could use a 9:00 to 2:00 shift for young mothers, have weekend only schedules, etc. Nursing homes should be more flexible since we do not have surgery schedules and other hospital restrictions. • We provide some educational events which are optional.
4. Provide support when it is needed.	• An open door policy is kept in order to pay attention to the personal needs of staff. Examples of personal oriented training includes training programs in areas such as hygiene, self breast exam, child care, etc. We feel this shows interest in them as people.
5. Provide employees with responsibility along with their accountability.	• Assign specific rooms for which they are responsible.
6. Encourage employees to set their own goals.	• This is very hard in such a structured setting, with a fairly low level of learners. Some help needed in this area.

MANUAL ITEM	SMALL GROUP RESPONSE
7. Make sure that employees are aware of how their tasks relate to personal and organizational goals.	• Good orientation to help them see their role in the "whole". Try to clarify and elicit their own goals for the job during orientation.
8. Clarify your expectations and make sure that employees understand them.	• For example, be specific in giving directions and in setting policy. Operationalize such things as standards of cleanliness, etc.
9. Design tasks and environments to be consistent with employee needs.	• A major thing we try to do is to be in tune with the employee's personal needs before we can try to make their tasks and environment appropriate to them.
10. Individualize your supervision.	• An example is to leave blank work schedule and allowing them to fill it in according to what their needs are. This gives them a sense of some control.
11. Provide immediate and relevant feedback that will help employees improve their performance in the future.	• Encourage employees to also give feedback to supervisory staff. • Reinforce positive behavior, especially when aides come from another facility and have habits already engrained.
12. Recognize and help eliminate barriers to individual achievement.	• We try to become aware, by assessment, of each employee's skills. Then we try to capitalize on these.
13. Exhibit confidence in employees.	• We try to almost force employees to try new things, take on new responsibilities - then reward them when they succeed.
14. Increase the likelihood that employees will experience accomplishment.	• Try to give realistic assignments after adequate assessment. Then reward with recognition; for example graduation ceremony for nurse aides.

MANUAL ITEM	SMALL GROUP RESPONSE
15. Exhibit interest in and knowledge of each individual under your supervision.	• The major issue here is to listen - communication is the crux of success. Also a fairness to employees.
16. Encourage individuals to participate in making decisions that affect them.	• Group meetings, encouragement of employees to participate in needs assessment. Procedures and policies must be explained and the opportunity given for them to question them.
17. Establish a climate of trust and open communication.	• Try to relate to the employees. Participate in tasks along with them in order to remove some barriers.
18. Minimize the use of statutory powers.	• Try to get across that there are some rules, but also provide some flexibility for individual cases.
19. Help individuals to see the integrity, significance and relevance of their work in terms of organizational output.	• We teach the team approach to care, emphasizing the individual and departmental role in total patient care.
20. Listen to and deal effectively with employee complaints.	• Provide an open door policy and also have suggestion box. We try to give immediate attention in some way even if only to recognize the problem and work on resolution later.
21. Point out improvements in performance, no matter how small.	• Continually give praise for good work and write up reports showing improvement to be put in employee file.
22. Demonstrate your own motivation through behavior and attitude.	• Practice good supervision as a model.
23. Criticize behavior, not people.	• We try not to single out employees for public criticism. Try approaching it in a group as a general problem.
24. Make sure that effort pays off in results.	• Motivation by writing up reports on good behavior.
	• Don't overload employees as a reward for good work.

MANUAL ITEM	SMALL GROUP RESPONSE
25. Encourage employees to engage in novel and challenging activities.	• Listen to employee suggestions. Try to give their ideas a fair try with a definite time period to measure success or failure. Then evaluate. For example, at the request of the aides we tried two feeding shifts in the dining room - tried for one month. Then evaluated and found to be positive.
26. Anxiety is fundamental to motivation, so don't eliminate it completely.	• Identify those who work well under pressure - try to schedule accordingly.
27. Don't believe that "liking" is always correlated with positive performance.	• Try to encourage the attitude that patient well being and satisfaction may be its own reward.
28. Be concerned with short-term and long-term motivation.	• Provide incentives such as bonuses, merit increases, a career ladder, encourage continuing education. In the short term, provide praise, written reports on good work.

UNIT III: REINFORCEMENT OF LEARNING — TIME: 3 HOURS

GOALS

- To enable participants to see the link between competency based education and the skills checklist for evaluating employees.
- To enable participants to see the importance of audiovisual aids in training.
- To allow participants the opportunity to experience both positive and negative learning experiences with audiovisuals.

OBJECTIVES

At the end of this unit, participants will:

- Be able to describe competency based education and give a rationale for its use in the long term care facility.
- Be able to classify four types of objectives and describe their role in learning.
- Be able to identify at least five factors which affect the use of audiovisuals in the classroom.
- Have been provided the opportunity to review and critique two films.
- Be able to compare and contrast the use of three types of audiovisuals.

MATERIALS

- Handouts
- Overhead projector and transparencies
- 16mm projector and screen

The Skill Based Approach

This session of the workshop was broken into two main topics — competency based education and use of media in training.

The session on competency based education centered on the presentation of the monograph reprinted on the next few pages. This in turn initiated a discussion of the use of competency checklist and the mandated state checklists. The overhead "On-the-Job-Training" was used as well as the sample state checklist.

Group discussion followed the presentation of the monographs. All workshop participants agreed that mastery of skills as outlined is necessary but several problem areas were identified.

Training coordinators discussed the problems involved with slow learners when the rest of the group moved forward. Along these lines coordinators felt that repeating content became boring and insulting for veteran nurse aides who are placed in the classroom with beginners. Some training coordinators discussed the inability of some nurse aides to transfer knowledge from the classroom to the work area.

In the classroom students would appear to have mastered certain skills but in the clinical area of practice they have problems transferring knowledge. Coordinators also felt that at times the classroom skills were dismissed by the staff who would tell the nurse aides "we do things differently on this floor."

COMPETENCY-BASED EDUCATION

Competence or competency, is usually defined as the "possession of required knowledge, skills and abilities." In this broad sense, it is clear that any mode of instruction should aim for competency — for the development of well qualified individuals who possess the required knowledge and skills. Competency-based instruction differs from modes of instruction — not in its goals, but rather in the assumptions that underlies it and in the approaches that characterize it.

In competency-based education, the emphasis shifts from the teacher and the teaching process to the learner and the learning process. Competency-based programs focus on the needs and accomplishments of the student and the emphasis is placed on objectives and personalization.

The very word competency implies that the emphasis should be placed on demonstrating abilities. General areas of competency might include knowledge, understanding and skills.

In regard to the health care setting patients not only think the word competency means safe care, but they expect good or at least standard level of practice from the competent health professional. For example, those within the nursing profession usually describe a competent nurse as being a capable self-assured practitioner. Employers of nurses do not appear to agree on what the precise definition of competent is, but they know they want competent employees.

Traditional nursing-education programs expose students to a specific number of courses and clinical experiences. The assumption is that if students complete the program with a certain grade point average, they will be ready to practice nursing. This situation may be acceptable for a basic program where learners have not had prior clinical experience and are being exposed to information for the first time. In a competency (mastery) program, on the other hand, students are taught a number of essential competencies of patient care on the assumption that if they can demonstrate satisfactory, safe performance of these competencies, then they are prepared to care for patients. (Most people realize that continuing education is necessary for continued competence.) Educators in general,

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Note: This material was prepared by Ann C. Robbins, M.S., R.N., University of Texas Health Science Center, 1981.

and continuing-education educators in particular, are concerned with maintaining the competence of their students. While this is an appropriate goal in the abstract, without definitions, criteria, or standards, the maintenance of competence becomes a meaningless phrase.

Do inservice continuing education programs prepare staff members to assume responsibility for patient care? This question is appropriately of concern to training coordinators, as they are accountable for the quality of care given patients. To prepare the staff for the delivery of competent care, it will be necessary to achieve two goals. First, the elements of practice that are needed in the practice situation must be identified, and there elements must be included in the educational content provided to the trainees. Second, it must be ensured that each practice situation which a trainee ultimately enters has the correct conditions (for example the needed equipment, realistic time allotments, etc.) for effective performance. It is only under these circimstances that the trainer can maximize the likelihood that the desired care activities will occur and can ascertain whether or not the practitioners have the knowledge and skills required to provide such care.

If an inexperienced staff member makes an error one might legitimately question whether the appropriate training had been provided, whether the conditions needed to minimize the likelihood of such error had been established, or whether that employee had been placed in a situation requiring judgments that he/she was not equipped to make. If the basis for the assignment was the simple fact that the employee had participated in an orientation or training program in which no checks were made concerning the extent to which it prepared him/her for the activities and decision making required in the assignment then the information most predictive of each staff member's chances for success was not obtained.

The central concern should not be whether staff members have attended staff development sessions or how well they have performed on a test at the end of the sessions. Rather, concern should be focused on whether they have mastered the skills and knowledge needed to perform their assigned functions. If they have not achieved such mastery, then additional educational experiences need to be developed. The instructor should determine beforehand the specific activities and judgments involved in a given function and should ensure that practitioners have the relevant skills before they begin to serve that function.

Staff members should be presented with factual information as a foundation for understanding particular care procedures. However, much more useful than testing for rote memorization of content are tests that evaluate the individual's decision-making ability in situations which stimulate potential assignments. Thus, for example, although knowledge of the biochemical basis of fluid and electrolyte balance is important, how the nurse administers fluids is crucial.

Another way to evaluate competence is to observe performance; giving attention to the critical steps in the procedure as in the guide shown here for the steps in giving medications.

Guide for Giving Medications

	Yes	No	Not Applicable
1. Had appropriate drug cards	—	—	—
2. Understood uses, precautions and nursing implications	—	—	—
3. Knew why pt. was getting Note:	—	—	—
4. Checked drug cards with Kardex	—	—	—
5. Checked orders and Kordex prn			
6. Able to make correct drug computations	—	—	—
7. Able to regulate I.V.	—	—	—
8. Dispensed drugs properly	—	—	—
9. Knew I.V. schedule and what was running	—	—	—
10. Checked K.D. band with all cards	—	—	—
11. Administered drugs correctly — po, im, sc.	—	—	—
12. Site selection was appropriate	—	—	—
13. Gave and poured meds in reasonable gime	—	—	—
14. Charted drugs correctly	—	—	—
15. Changed I.V. bottles and tubing correctly	—	—	—
16. Signed out narcotics correctly	—	—	—

Information may also be gained through mock-up test situations or oral recitation. How much testing is necessary depends upon the individual student, on the item to be learned, and on the critical check points. The trick is knowing how to determine quickly and efficiently that the practitioners is prapared to assume a particular responsibility. Developing an economical and responsive system (such as a checklist) for obtaining the necessary information deserves to be considered because most service areas can ill affort time-consuming evaluations of an individual's competencies

Competency-based education is based on student demonstrating mastery of the required knowledge and skills. The program is field centered, i.e.,

clinically oriented. Students participate in developing their own goals, designing their own program, and guiding their own instruction. The folling points constitute the essential elements of competency based education:

1. The focus is on the demonstration of role-derived competencies.

2. Competencies are stated explicitly in behavioral terms so that they are observable and measurable.

3. Mastery is demonstrated with respect to well-defined, pre-established criteria.

4. The learner's performance (rather than just knowledge) is considered as primary evidence of ability to provide care.

5. The student is allowed to progress at his/her own rate (time to complete learning a task will vary).

The following points are implicit characteristics of competency-based education:

1. Instruction is individualized (but learning activities are not necessarily pursued individually — group learning activities will sometimes be appropriate).

2. Feedback, providing learners with timely evaluations of their performance, is an integral part of the program.

3. The educational framework is systematic; it defines what the student will be able to do. The emphasis is on exit performance, not entrance requirements.

4. Instruction is modularized (information given in units).

5. The student understands the expected level of competence to be achieved and is held accountable for progressing toward and ultimately satisfying the pre-established exit criteria.

In implementation, competency-based education involves the student successfully demonstrating mastery of each module (unit of instruction) in the sequence of modules individualized for that student. Each module of instruction contains five important elements:

1. Rationale, or purpose — a clear statement of the importance of the objectives to be achieved and the relationship of these objectives to the rest of the program.

2. Objectives — specific goals of the instruction, in terms of the criteria that specify satisfactory completion of the unit.

3. Pre-assessment tests — means of evaluating the learner's initial competence with respect to appropriate prerequisites and the unit objectives.

4. Enabling activities — procedures designed to facilitate achievement of the required competence.

5. Post-assessment tests — means of measuring the learner's competency with respect to the established criteria for satisfying the goals of the module.

Learning objectives are commonly classified according to one of the following areas:

1. Cognitive objectives — specify knowledge and intellectual abilities. In nursing, an example of a cognitive objective would be knowledge of the physiology of a particular body system, or an ability to develop a nursing care plan based on knowledge of a disease process. Usually knowledge in this area is assessed by written tests, but verbal responses can also be used to test this area.

2. Performance objectives — require the learner to demonstrate an ability to perform some activity. The student in this situation is required to know what should be done and to have the ability to demonstrate it.

3. Consequence objectives — are expressed in terms of the results of certain actions. In nursing education, for example, such objectives usually are expressed in terms of the patient's accomplishments under the direction of the nursing student. If the student were teaching a diabetic patient foot care, for example, the objective might be that the patient will identify proper fitting shoes.

4. Affective objectives — deal with the realm of attitudes, values, beliefs, and relationships. These objectives are often difficult to precisely define or measure. An example in this area might be, "to develop those attitudes necessary for working with others." Usually, affective behavior is related directly to social behavior; therefore, it is not easy to contrive or to determine accurately the setting needed for monitoring affective behavior. Despite limitations in the ability to deal effectively with these dimensions, no program aimed at patient care can afford to ignore them.

5. Exploratory objectives (also called experience or expressive objectives) do not fit fully within the category of behavioral objectives because they lack a definition of desired outcomes. These objectives specify activities that hold promise for significant learning. They require a student to experience the specified activity and the learning or behavioral change that will occur. For example, the nurse may visit a nursing unit for elderly cardiac patients to observe experienced nurses perform physical assessments. Such experiences may lead to identification of other objectives that are more meaningful in

a personalized program; e.g., a visit to a cardiac unit may lead nursing students to realize that they do not have enough basic knowledge of pathophysiology to perform physical assessments on elderly cardiac patients. Unless the student actually undertakes the activity, of course, no assessment can be made. Exploratory objectives are characterized by the high degree of variability that may be encountered during the required activities; the actual learning also is influenced greatly by the idiosyncrasy of the individual learner.

All five of these types of objectives have a place in effective competency-based (mastery) learning programs. Those used at any one time are chosen on the basis of the nature of the competencies required, available means for assessment, and other situational factors (Hart, 1976).

Planning — Since employers cannot hire only experienced staff it is up to the training coordinator to provide a program of learning experiences. Brief, unstructured orientation programs often lead to frustration, causing the beginner to give up in despair. Providing planned learning experiences, based on behavioral objectives that allow time for learning is necessary for successful programs. Planning is an essential element in any successful program, and planning should be done before the learner arrives on the scene. The plan must consider entry knowledge and capabilities as well as behaviors expected to occur following the learning experience. Sequencing of instructional units and learning experiences need to allow the learner to progress from the simple to the complex, and experiences must facilitate the maximum transfer of knowledge.

To facilitate a comprehensive plan, a planning committee should be established and the committee work should include:

1. determining the common knowledge base
2. defining the required content
3. establishing the sequence of content presentation
4. standardizing basic procedures to be taught
5. stating behavioral objectives, including time limits for meeting the objectives
6. selection of a method to coordinate the program and to teach and supervise learners in the presence or absence of the training coordinator.

Goals or objectives may be intermediate as well as terminal and should be written with the goal of enabling the learner to function as a contributing team member as soon as possible. Because adult learners learn more easily and retain what is learned longer when they are actively involved in the learning process, the learners should be placed in the work situation as soon as possible.

Time for learning — emphasis must be placed on the development of psychomotor skills; the cognitive and affective domains cannot be ignored, but unless mastery of technical skills occurs, the higher orders of thinking will not occur. Recognition that each individual learns at his own rate is essential for mastery of psychomotor skills. When a particular learner needs to become more proficient in a skill, time for practice needs to be provided. This can be done in the classroom or clinical setting, but it is best done with the trainer or a proficient role model so that errors in techniques can be corrected. People who want to learn will put forth the effort required to meet the expectations of mastery learning. Persons who put forth little or no effort and feel that mastery can be achieved by osmosis or diffusion are doomed to failure and as a cost-effective measure alone should be released from the program (Anderson, 1975, 1975).

Learning activities — should take into consideration the learner's style and availability. For example, it is nearly impossible to learn in an area of constant motion, loud noise, or cramped seating conditions. Learning occurs in a variety of ways; by reading journals and texts, use of self-instructional packages, exchange of dialogue in small groups, and listening to lectures. Techniques or skills are best learned by observation and participation.

Adult learners tend to be problem centered in their approach to learning. Therefore, they enter the educational setting with this approach. The first step in the long process of learning is not to tell the learners what they need to know, but to help them want to learn what they will be required to know.

Support — in order to plan for success, it is helpful to examine what professional workers perceive as rewarding. Carey, (1976) found that professional workers were more satisfied when they were able to share in decision making and work in a friendly, supportive environment. Coping with each situation and being able to apply and master the psychomotor, cognitive, and affective skills required are enhanced and facilitated when support is provided. Planning is the first step toward a successful learning experience. Support during learning trials is the second step.

Supportive strategies should include acceptance of failure or error while learning, as long as the learner is able to recognize the failure or error, and take appropriate action or base future actions on the experience. Conferences should be set up with each learner to ventilate feelings of inadequacies, frustrations, or concerns about patient care discrepancies. Learners should also be placed with role models who are able to both help them learn and effectively increase their feelings of security. (Role models should also provide learners with helpful hints, constructive criticism and praise for satisfactory performance). The role model should be aware that the learner may be helped by prompts and hints about appropriate actions. Learners will move more quickly to the attainment of learning goals when verbal comments such as, "good," or "that's right" or "you're handling the equipment more easily,"

following each appropriate performance. Written material may be provided so that the adult learner comes to class prepared for the next day's activities. Daily oral quizzes which are non-threatening may be helpful in encouraging critical thinking as well as for testing each learner's understanding. The quiz may also indicate the need for more individualized instruction in certain areas. The purpose of a supportive climate is to reduce anxiety to a level of arousal that facilitates rather than inhibits learning. Curiosity should be encouraged, and positive feedback should be given when tasks are performed well. Written evaluations should be based on the behavioral objectives, and performance should be evaluated at specific times and by several people; for example, the training coordinator may make a preliminary evaluation two months after the program starts, in six months the role model may write one, etc. Interestingly, although it may mean more work, studies have shown that serving as a role model often becomes a status symbol and may in itself motivate longer term employees (Anderson et al, 1975).

Individualized instruction — In a program of competency based education the individual learner is the center of concern. Learning occurs within the individual and nowhere else, therefore, personalization is a fact about learning. The inservice educator is concerned with the learners needs, capabilities and personal preferences. The character of in-service education must be shaped to provide the most learning, the most appropriate kinds of learning, as determined by a congruence of personal and institutional needs.

How do you know when you have a competent learner? Most methods of evaluation involve ratings or rankings of individual students at the end of the educational program. Content and teaching methods are usually chosen first, and the method of evaluation is selected later (and none of these activities may be explicitly based on the specific nursing activities in which the students will subsequently be engaged). The educator's concern should not be whether a student attends every development session or how well that student performs on a paper and pencil test; concern should be focused on whether each student masters the skills and knowledge needed to perform the assigned nursing tasks. Competency-based education provides the educational framework for achieving that goal.

The view of learning, as a very personal phenomenon is not in dispute. The problem for planners of training is to avoid the overly simple conclusion that personalization equates with complete freedom — even license — to make in-service education a completely personal operation. In fact, as personal as the learning outcome must be, the inputs are social and institutional as well as personal. The same must be recognized for process. The challenge is to provide experiences for learning that are not just productive, since all experience will result in some learning.

By definition, all the purposes of in-service education are related to promoting change in the individual.

We have strong reason to personalize and individualize training, but we cannot lose sight of the organizational context to which the training applies as offering constraining but also as facilitating influences.

The classroom becomes workshop in which the instructor directs activity.

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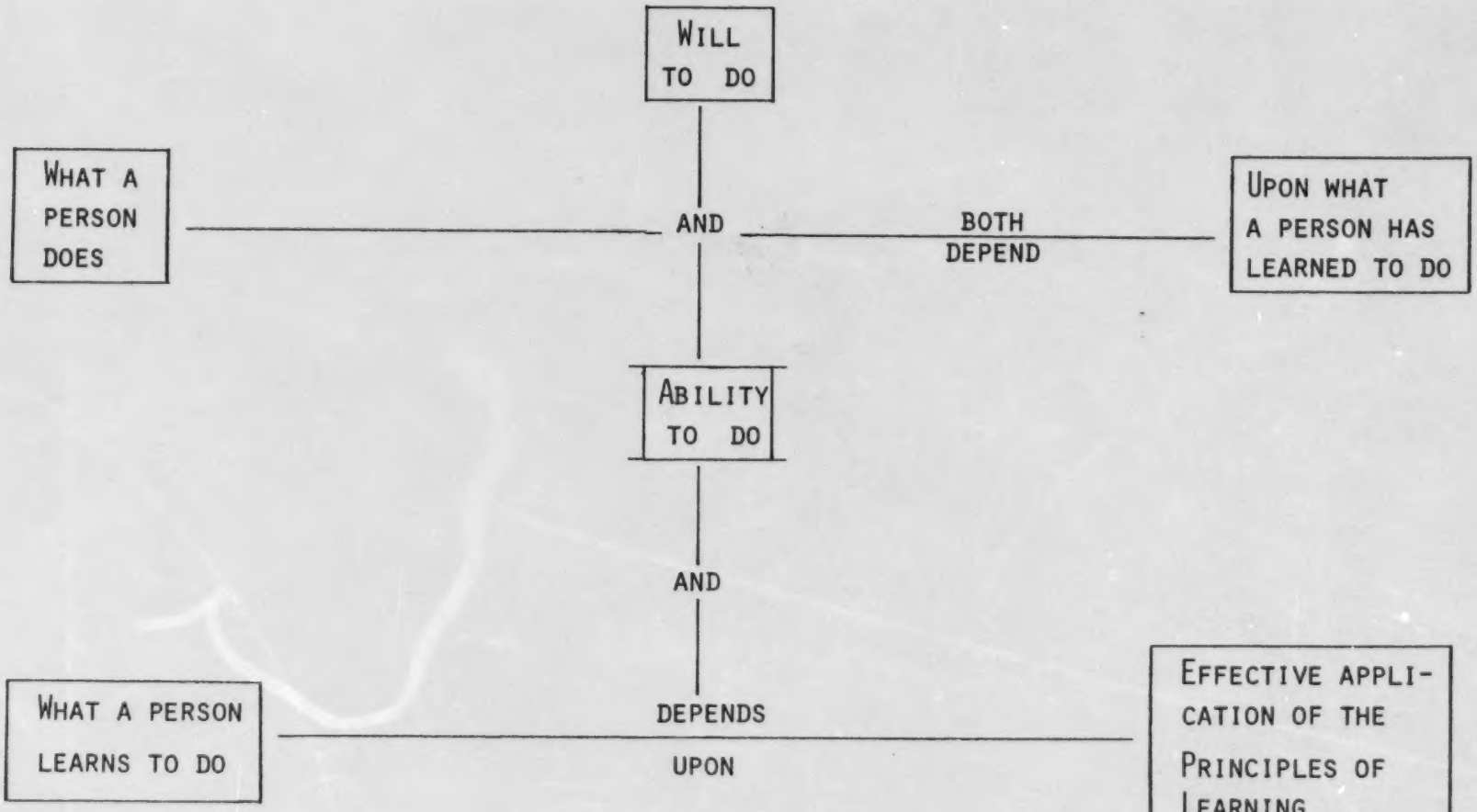
LEARNING-BY-DOING



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Overhead Master

TEXAS DEPARTMENT OF HEALTH COMPETENCY CHECKLIST

NURSE AIDE TRAINING INVENTORY (CONT.)	DATE(S)	PASSED/ INSTRUCTED	OBSERVERS INITIALS
H. Death and Dying 1. Post-Mortem care			
2. Facility policy for patient's valuables and/or clothing			
SKILLS			
I. The Nurse Aide: 1. Demonstrates the proper procedures for: • admission • transfer • discharge of a resident			
2. Demonstrates the ability to locate and explain the health care plan			
3. Demonstrates the ability to locate emergency equipment			
4. Can demonstrate the proper procedure for: • maintaining airway • breaking a fall			
5. Can identify the four basic food groups on a sample breakfast, lunch, and dinner meal			
6. Can identify dietary restrictions for special diets • diabetic • low salt			
7. Demonstrates appropriate bed making procedures • occupied bed • non-occupied bed			
8. Demonstrates proper procedures for bathing residents • bed bath • tub bath • shower bath • partial bath (incontinent care) • perineal care			

NURSE AIDE TRAINING INVENTORY (cont.)	DATE(S)	PASSED/ INSTRUCTED	OBSERVERS INITIALS
14. Specimen Collection a. stool specimen			
b. urine i. test urine for sugar ii. test urine for acetone			
15. Documentation Techniques a. ink b. legible, concise, timely c. fully dated and signed d. identification data on each page e. correction of errors f. blank spaces, lines, pages on medical records			
C. Observations and Reporting 1. Nutrition/Intake a. change in appetite b. difficulty in swallowing C. therapeutic diets d. documentation of food intake			
2. Skin a. reddened areas/bruises b. break in skin/lacerations c. rashes d. color: flushing, cyanosis e. cold or hot skin			
3. Elimination a. urine: color, amount, consistency, odor..... b. bowels: color, consistency, frequency.....			
4. Other a. edema b. drowsiness c. alteration of vital signs d. unusual odors e. lumps or sore spots f. unusual perspiration g. cough h. dyspnea i. any complaint from residents j. change in resident's usual behavior			

NURSE AIDE TRAINING INVENTORY (cont.)	DATE(S)	PASSED/ INSTRUCTED	OBSERVERS INITIALS
21. Can demonstrate correct application of a urinary leg bag			
22. Positioning of catheter tubing and drainage bag			
23. After resident completes meal can accurately evaluate food intake and records according to established procedures			
24. Offers fluids to residents at appropriate times			
25. Demonstrates appropriate fluid intake and output procedures			
26. Uses proper procedures for bowel and bladder training			
27. Can place a resident on a bedpan adequately			
28. Demonstrates proper techniques for giving an enema			
29. Demonstrates or discusses procedure for colostomy care			
30. Demonstrates proper techniques for taking and recording all vital signs			
31. Demonstrates correct body mechanics during resident movements and transfers			
32. Demonstrates proper positioning of residents for safety, comfort, and prevention of contractures and/or decubiti			
33. Demonstrates proper range of motion techniques			
34. Is able to collect routine urine and stool specimens			
35. Demonstrates correct procedures to test urine for sugar and acetone			

NURSE AIDE TRAINING INVENTORY (cont.)	DATE(S)	PASSED/ INSTRUCTED	OBSERVERS INITIALS
9. Demonstrates or discusses proper procedures for giving a douche			
10. Demonstrates proper procedure for dressing residents: · bedfast..... · ambulatory.....			
11. Demonstrates shaving a patient			
12. Demonstrates appropriate hair care · brushing/combing..... · shampoo for bedfast resident..... · shampoo for resident in wheelchair.....			
13. Demonstrates appropriate fingernail and toenail care, keeping them clean, trimmed, and reporting any pertinent observations			
14. Demonstrates appropriate procedures for oral and dental care · denture care..... · oral care.....			
15. Is able to prepare residents for meals and demonstrate proper feeding technique			
16. Identifies common sites for skin breakdown			
17. Demonstrates appropriate procedures for skin care			
18. Demonstrates proper technique in the use of items to prevent skin breakdown			
19. Demonstrates proper procedures in application and use of restraints and properly observes and reports their use			
20. Demonstrates appropriate procedures for care of: · external catheter..... · indwelling catheter.....			

The Use of Media

The second part of this session centered on the use of media in training. Immediately after lunch, the faculty showed participants two films. These films were chosen as examples of "good" and "bad" audiovisuals.

The first film shown was:

1. Almost A Miracle[3]

   26 minutes 16mm Color 1967

   This dramatization of the value of home health services views the nurse through the eyes of patients and their families. Three cases, one of them involving an elderly person, demonstrate the effective handling of problems through cooperation, understanding and a friendly, efficient approach. The film explains the role played by a Home Health Service in enabling an elderly person to continue living in his own home.

In response to this film, the participants gave the following critique:

- the film was out-of-date; the clothing, style, etc. were all very dated
- the film was not relevant; it had nothing to do with nursing homes or with the kind of care we give
- very dull presentation of material
- there did not seem to be any point or focus
- I had an instant negative reaction to the bad color, quality of tape
- I just wanted to leave the showing

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[3]Description adapted from Gerontological Film Catalog, Denton, TX: North Texas State University, 1980.

The second film shown was a Rose By Any Other Name (Dallas Workshop) or Peege (Austin Workshop).

2. Rose By Any Other Name

15 minutes 16mm Color 1979

This fifteen minute color film is a sensitive and understanding look at loving relationships between aging adults. The story begins when Rose Gordon, a 79 year old woman in a nursing home, is found in bed with a male resident. The film focuses on the staff's reactions and Rose's insistence on her right to privacy and her need for physical affection. The film is an excellent vehicle for triggering discussion about sexuality and aging, particularly in the nursing home setting.

In response to this film, the participants gave the following critique:

- excellent film, sensitive and poignant
- I need this film for my class!
- accepting sexuality in the aging is one of the hardest attitudes to foster among staff — the film would be a good start for that topic
- I wanted to cheer for Rose — this film is very realistic.

This film sparked a long conversation among participants about sexual behavior in their facilities. This issue is a very difficult topic to "teach" in the sense of exploring the attitude of staff toward affection among the aged and their need for sexual attachment. Some trainers, as nurses, are often forced to make decisions about the sexual activity of residents, particularly if other residents or staff complain. These ethical decisions are difficult; yet most of the participants indicated they tried to protect the privacy and rights of their residents. This conversation was an indication of the effectiveness of the film.

3. Peege

28 minutes 16mm Color 1974

Christmas visit to a blind, stroke-crippled grandmother in a nursing home evolves into a touching document of love and a testament to the special part grandparents play in our lives. The family's difficult visit to the institution is sensitively handled, and the oldest grandson is able to break through the silence imposed by failing faculties to reach his grandmother and reaffirm his love. This powerful film leaves the audience in need of a break to settle their emotions before continuing with discussions.

In response to this film, the participants gave the following critique:

- very touching; an excellent "feeling" film
- I liked the point brought out that the older person is still the person they were, even if this character is buried inside due to mental problems that come with age
- excellent vehicle for introducing the issue of touch and how beneficial it can be
- I was overwhelmed with emotion; the scenes were so painful for the family yet true to life
- It gave me an understanding of why families may react in a less than positive manner; it maybe a defensive response to dealing with a very difficult situation.

After this viewing, the presenters reiterated several points concerning the use of films. In particular they should always be previewed for tape quality, suitability for the audience, and to assure its appropriatness for the topic covered. In addition the audience must be briefed and given some lead into the film. This will motivate them to pay attention to certain features of the film and give them ideas for discussion following the feature. It was also pointed out that a poor quality film (See #1 above) shown immediately after lunch can greatly reduce the motivation and interest of trainees.

The remainder of this session was spent on the handouts and overheads on media which are reproduced on the following pages. The discussion focused on the specific use of audiovisuals in training. It has been stated that contrary to popular belief, there is no audio-visual method of teaching. None of the ideas involved in the use of audiovisuals differs from the sound, logical principles of good teaching. Audio-visuals, when used with care and selected carefully, can, however, complement classroom instruction. This introduction, summarized by the presenters, was taken from Media: Theory and Uses, Chapter 2 — Audio Visual Aids: Uses and Resources in Gerontology, eds. Ira S. Hirschfield and Theresa N. Lambert. Los Angeles: USC Press, 1978.

Handout Master

USING MEDIA

There are many ways to use audio-visual materials in teaching settings. Stroud (1946) discusses teacher preparation for integrating audio-visual messages in teaching programs and raises some preliminary questions that might be addressed in the initial planning stage:

1. What is the value and purpose of the curriculum material being planned?

Sometimes audio-visuals are used simply because they are there, because they are arbitrarily seen as an appropriate part of the curriculum, or because they may be less trouble than delivering a lecture. Instead, audio-visuals should relate to the overall presentation, and their purposes should be clearly understood by the learners.

2. What are the needs and interests of the target audience?

Media are used to best advantage when an audience has been clearly defined. Audio-visual messages can be better selected when information needs and interest levels of the audience have been assessed. For example, identifying the content level of gerontological issues for an audience will aid in selecting a particular media.

3. What is the issue or problem to be communicated?

When the problem is one of clarifying an environmental concept (e.g., what is a nursing home like? what is an urban ghetto? how does an age-segregated residential community differ from other communities?), pictures and models may be more effective. When the purpose is to show staff structures and relationships in a facility, family, or group, a figure or chart with keyed arrows, lines and dots may communicate the messages more effectively. A film or videotape may be appropriate when the messages involve motion, flow, or process (e.g., demonstrating a physical exercise program; observing the in-process use of physical space).

4. What medium best satisfies or augments predetermined educational objectives?

Each type of medium affects the user and audience members differently with differing results. For example, television can create degrees of audience participation, a kind of "reality experience" approximating face-to-face contact. Klapper (1960) reviews experiments showing that purely oral presentations using a radio produced greater retention of simple material than did exposures to printed material alone. This was especially true with less educated and less intelligent subjects. On the other hand, television and films are believed to be effective simple because they are visual media. Some studies show that people tend to accept and retain as fact most information presented in films and on television.

5. How can the media be utilized to maximum advantage?

This issue can be approached by asking and answering questions particular to each teaching setting. If films are to be used, is the experience to be structured around small-group viewings or is a large auditorium experience more appropriate? Can or should the learner be left alone with the equipment and control the information flow himself? How do other variables such as the time of day, lighting, seating, and time duration of the experience affect the choice of media to be used? Addressing these and related questions prior to media presentations will likely result in more effective teaching and learning experiences.

In addition to the above questions, Dale (1969) identifies seven other issues that may help establish standards for selecting specific media:

1. Do the materials contribute meaningful cognitive or affective content to the topic under study?

Does the medium appear to be one that will complement and advance the instructional objectives, or simply fill classroom time?

2. Does the medium give a clear picture of the ideas it was designed to present?

Are there distortions in the medium's content due to incorrect facts, inadequate sampling or representations, or obsolescence? If the medium expresses distortions yet offers valuable content, the instructor should mention inaccuracies prior to the presentation.

3. Can the audio-visual materials aid students in developing critical thinking capabilities?

Some audio-visuals have a persuasive charm. Others stimulate analytical and logical thought. Where these consequences are desired, does the medium being considered lull viewers into passive acceptance when critical examination and judgment are needed? How and to what extent does the medium promote critical thinking?

4. Is the material appropriate to the age, intelligence, and experience levels of the learners?

To enhance learning of individuals new to the field of gerontology, students should be able to relate some of the medium's content to individual or shared life experiences. Unrelated, unintegrated content can be readily lost or forgotten by the learner.

5. Is the technical or physical quality of the materials satisfactory?

Sometimes a medium's content is of sufficient value that faulty or poor physical quality is of little importance. However, extremely poor technical quality can render a message virtually useless.

6. Is the material worth the time, expense, and effort involved?

Is a film, record, or picture more valuable than some other experience in meeting instructional objectives? What is the relative value of a film or videotape to the teaching program when equipment rental costs are considered? Is the media valuable enough to justify the time and effort of the instructor?

7. Is there a teacher's guide to effective use of the media?

Not all media require an instructor's guide. When available, guides and handbooks are often useful. However, some guides are developed without prior experimentation with the media, while others offer general suggestions that are not specifically applicable to a particular course or instructional unit.

Handout Master

USING AUDIOVISUAL MATERIALS IN TRAINING

Very often, trainers consider using audiovisual materials too late, if they think of using them at all. Other, more important, training considerations occupy their minds; anything that supplements the basic instruction is a "frill." In other cases, the instructor might think of taking slides or drawing a chart, but with the lecture scheduled for the next day, there is no time to prepare something that will have any kind of impact.

The time to begin developing audiovisual training aids is during the preliminary outlining of the training course. "What are the primary ideas that I want to get across to my audience?" Once you have the answers to this question, ask yourself, "Are there effective ways of presenting these ideas other than by words?"

Explaining a concept through the medium of words is an exercise in abstraction. Each member of your audience will create his own mental image of what you say. As the speaker, you can only hope that your words are helping to create the correct impression. If you show a slide that dramatizes a concept, you immediately place your words in a more concrete form. You may be talking about the inhumanity of man to man---show a picture of the concentration camp inmates. There is nothing you can say that will make the point with more impact.

There are many reasons for using audiovisual materials which are thoughtfully prepared both in the area of technical competence and educational content.

1. They provide a new sensory stimulus, which simply means something else to look at or listen to than the speaker in front of them. However, the novelty wears off fairly rapidly, and unless your material is of a high quality, your training aids will lose their interest.

2. They clarify concepts, by showing relationships between different components, outlining the progression of ideas, or illustrating the concrete applications of the abstract idea.

3. They can "trigger" a discussion more quickly than a speaker. (See the discussion guides following this chapter.) Sometimes individuals are reluctant to begin discussing certain subjects or perhaps they "don't know where to begin." A short film, by dramatizing one aspect of the subject, can provoke spontaneous comments. If the trainer is skillful, he will be able to lead the audience from this starting point.

4. With some modification, audiovisual aids can be adapted for the purpose of self-study and review. By using the same materials included in a lecture, an instructor can design a short "refresher course," that will recall the pertinent ideas he wants his audience to remember.

Although we all recognize the visual importance of blackboards, flip charts and overhead projectors (which are especially useful when one can write on the transparencies with a grease pencil), this chapter will discuss the training aids that can be both audio and visual--slide/cassette, film and video tape.

Slide/Cassette: It should be noted first, that although the term "cassette" is used, this does not preclude having a speaker read a script. In some cases, the latter is preferable when questions from the audience are encouraged. An anonymous voice on a cassette often sounds like an inexorable presence which cannot and should not be interrupted. Providing a casette instead of a script, however, is preferrable for self-study when the instructor wants the attention of the student to be concentrated on the visual material.

Slides are a popular medium because projectors are easy to borrow and operate, and relatively inexpensive to purchase. The cost of duplicating a slide series is very reasonable when compared with the cost of buying a film, or renting one in some cases.

As if this were not enough to recommend them, slides also gain from a sense of familiarity. There is nothing mysterious about a slide and its projector (except when a slide becomes unexpectedly jammed). The bulb might go bad, but that is easily remedied.

Everyone can take a slide, and while there is a vast difference in quality among the results, everyone understands what went into making it. Because taking pictures is such a universal hobby, the opportunity to create a slide show tailored to the needs of a particular group is within reach of nearly everyone.

Charts, diagrams, and pictures from books are easier to show before a group if they are on slides. One rule to remember is to keep each slide relatively simple, do not try to crowd too much information on each frame. It is worth the extra 50¢ to develop another slide if the information presented does not confuse the audience.

Reproducing printed material into a slide format, requires special lights and film. Unless someone in the project has this experience, a local photographer should be asked to do the work.

Film: Using a film successfully in a training session requires following several rules:

1. Preview every film before using it. Although one can get some idea of a film's content by reading a synopsis, one should be aware that these "blurbs" are usually written by the distributor interested in renting the film. Very often a film is not suitable for the audience you are training. A film may be outdated and no longer relevant.

Previewing will also reveal the quality of the film itself. Sprocket holes may be torn or parts of the film may be missing. A distributor should repair all damage before mailing a film out, but sometimes a copy will slip by.

2. Know how to operate a film projector. If you cannot thread a projector or correct minor problems, be sure to have someone available who can.

3. Prepare your training outline so that a film is screened in the appropriate educational setting. Lead into the film, so that an audience has some idea of what to expect. Give them some questions, which the film will help them answer. Always leave time for discussing the film's content. If no one is inclined to discuss it, that may be a good indication the film is not worth showing.

With the technological advances in film equipment it is now possible to produce an inexpensive super 8 film. Many super 8 cartridge cameras have an automatic light meter and focusing control which eliminates the guesswork on the part of the operator.

Unless one has the appropriate equipment, editing Super 8 film can become a messy job and ruin the enjoyment of the film. One can avoid this by "editing-in-the-camera." This requires preparing a completed script before filming, and then shooting each scene, in order, without making an error. Of course if something goes wrong that scene can be cut out without much problem.

Once the film is processed (and you might consider making a duplicate), the narration can be timed to correspond with the image and recorded on a cassette. Synchronous sound Super 8 equipment is now available and can increase the quality of your film. However, the technical problems also increase and require additional experience in order to solve them.

Video Tape: In recent years, video tape has become accepted as an economical method for producing educational materials. As the availability of cassette recorders expands, the video tape machines will be as easy to use as slide projectors.

Video tape's popularity is growing for several reasons:

1. The cost of building a video tape library is only a fraction of the expense involved in buying prints of films. A tape is also lighter and easier to mail or store than reel of film.

2. The film can be "dubbed" onto tape which eliminates the need to continually send away for a frequently used film. (However, this practice appears to be in violation of the copyright laws.) Television shows can also be recorded on tape.

3. Sound is recorded directly onto the tape which eliminates the need for a separate cassette. Narration can be easily added to a tape.

4. The tape can be viewed immediately after the program is recorded. There is no time or expense wasted on "developing" a tape.

5. Video tape has a quality of immediacy that is lacking in all other media. Because the equipment is compact and the camera requires little lighting, one person can operate the equipment. Without the need for a large crew, those being filmed are more at ease and the sense of "real life" is stronger.

There are disadvantages to video tape of which a trainer should be aware:

1. Unless you have several TV sets connected together in a room, video tape is ineffective for large groups. The image on a TV screen cannot be easily seen from the back of a room.

2. The equipment is more sensitive than a film projector. If the video heads are dirty or out of alignment, the image on the screen will be distorted.

3. Although video production is cheaper than film, the equipment is more expensive. For this reason, equipment is more difficult to locate and once located, the owner may not want to lend it out to others. In some cases, you may have to hold a training meeting in another location where the equipment is available. There are several places where one may begin looking for video tape equipment including: Community Colleges, Vocational Schools, High Schools, Libraries, Hospitals, Insurance Companies, local broadcast stations, and Cable Television systems. There also exists the possibility of renting playback equipment from the nearest video tape distributor. When looking for equipment, be sure to explain the format of the material you wish to see.

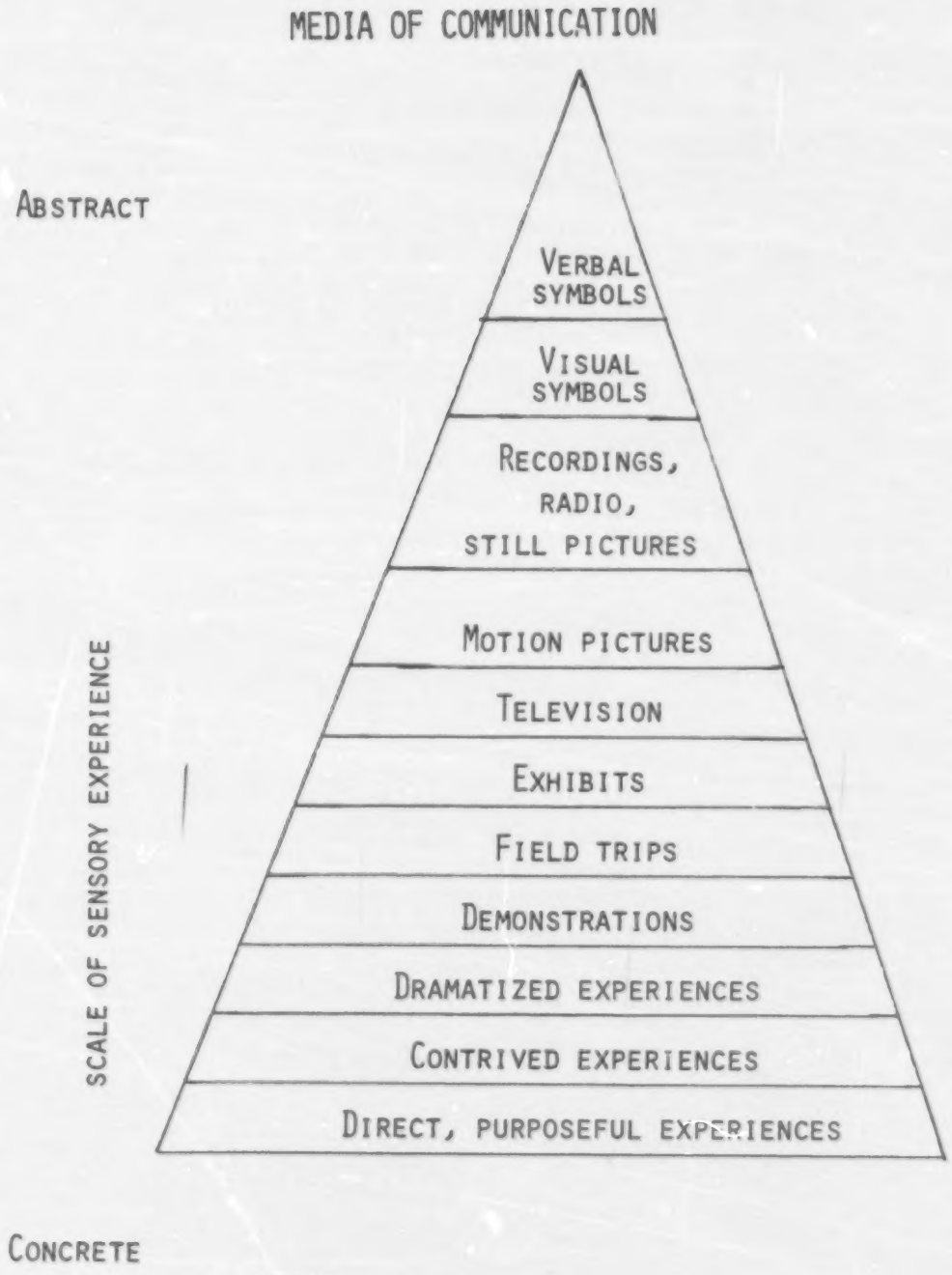
If your project is near a university or college with a media department, inquire about the possibility of using students to make a video tape program. Not only are they usually enthusiastic about becoming involved in such a project, but they will also have access to the equipment. If the video production is compentely produced, the possibility of showing it over a local cable TV is quite good.

Overhead Master

SOME CONDITIONS THAT MIGHT REQUIRE INTERVENTION

Focus	Behavior
Learners (Individual)	Nonconstructive role assumption Interruptions Freaking out Nonparticipation Boredom Inappropriateness (excessive self-revelation or emotional confrontation) Discomfort Noncooperation
Methodology	Out of time Too much time Exercise flops Too simple Too complex Environmental distraction
Environment (Group/interpersonal)	Conflict Argument Hidden agenda Restlessness Silence Defensiveness Noncooperation Discomfort (eye contact, posture, other non-verbals)
Trainer	Positive trainer feelings Negative trainer feelings Mistaken expectations Mystification/demystification Lack of ability

Overhead Master



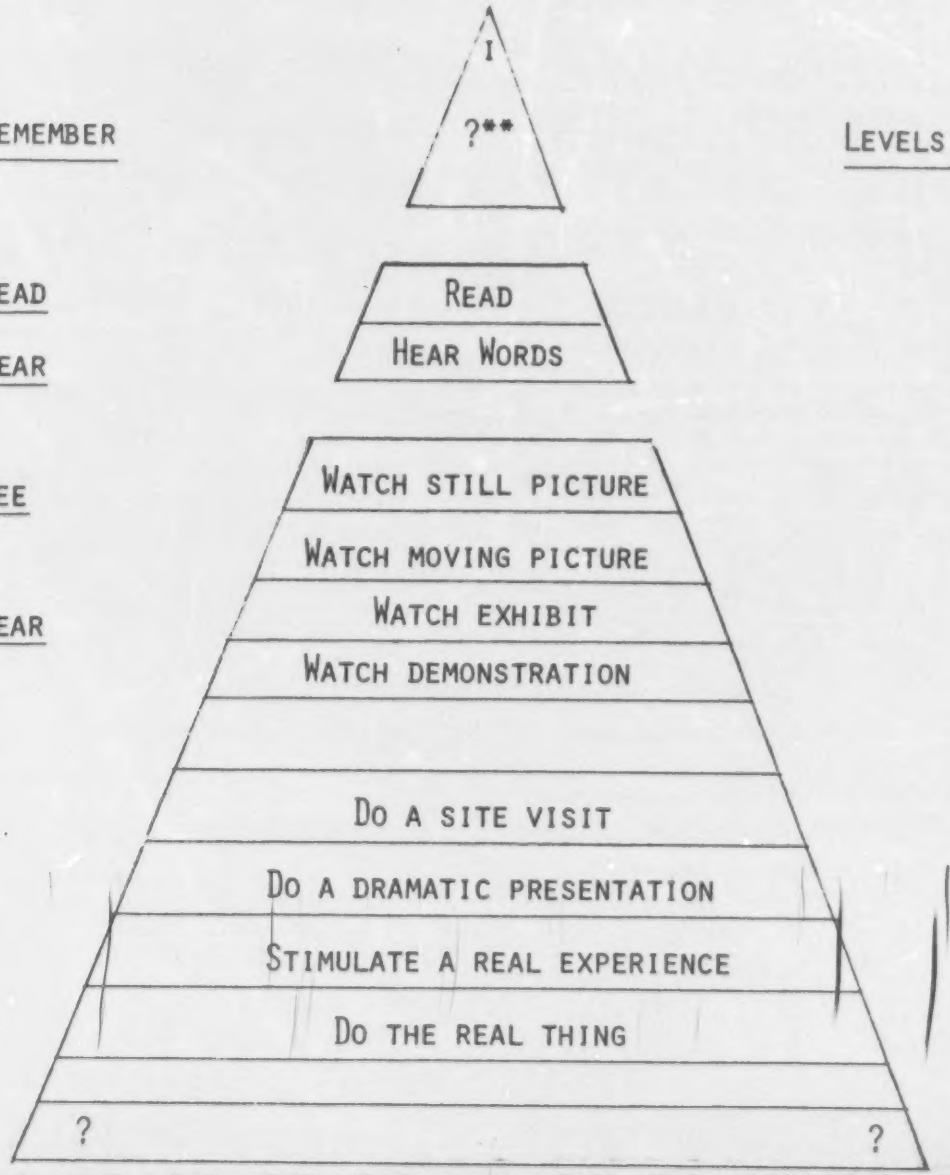
Handout Master

SUGGESTIONS FOR DETERMINING TEACHING METHODS AND USING AIDS

WHEN YOUR OBJECTIVE IS TO:	TRY:
ATTRACT ATTENTION, STIMULATE INTEREST.	EXHIBIT OR DISPLAY WITH TAKE-AWAY BIBLIOGRAPHY OR A "WHERE TO WRITE LIST. INTEREST CATCHING VISUALS, AS ARROWS, FOOTPRINTS, ETC. OBSERVATION OPPORTUNITY TRIP OR TOUR, WITH GUIDES TO SEE THE REAL THING.
	RESEARCH ASSIGNMENTS TO BE REPORTED. MENTION "COMING ATTRACTIONS" AT END OF SESSION, OR AGENDA OF RELATED MEETINGS.
GIVE A LOT OF INFORMATION QUICKLY.	LECTURE WITH AUDIO/VISUAL AIDS -- MOTION PICTURE, PANEL SYMPOSIUM, FORUM, ETC. WRITTEN FACT SHEET, DISTRIBUTED AND DISCUSSED. USE OF SPECIALISTS AS CONSULTANTS.
DEVELOP A COMMON KNOWLEDGE, WIDEN HORIZONS AND THE INFORMATION BASE FOR INDIVIDUAL PERCEPTION.	READING ASSIGNMENTS, AHEAD AND BETWEEN SESSIONS; PLANNED OBSERVATION; LECTURE WITH TAKE-HOME FACT SHEET, DISCUSSION FOR SHARING EXPERIENCE.
	CIRCULAR RESPONSE -- SAME QUESTIONS ANSWERED BY EACH PARTICIPANT WITHOUT DISCUSSION.

WHEN YOUR OBJECTIVE IS TO:	TRY:
DEEPEN CONCERN, RELATE INDIVIDUAL CONCERNS TO OBJECTIVES.	ASSIGNMENT TO STATE WHAT THEY HOPE TO LEARN. STUDENT QUESTIONS FULLY DISCUSSED; PROBLEM SOLVING WORK GROUPS; CASE STUDIES; PLANNED OBSERVATIONS AND ANALYSIS; WRITING ASSIGNMENTS; RESEARCH REPORT; MOTION PICTURE.
PERFECT SKILLS, GIVE COMPETENCE AND CONFIDENCE.	GROUP PROJECTS -- FILMSTRIPS, FLIP CHARTS, DIAGRAMS, ETC., EACH ONE TEACH ONE. DEMONSTRATION BY EXPERTS WITH PRACTICE BY ALL; DRILL THROUGH GAMES, ETC.; EXPERIMENTATION, ANALYSIS AND REPORTING.
GENERATE ATTITUDES OF CONVICTION; "THIS WE SHOULD DO."	OPPORTUNITY FOR SELF-ANSLYSIS -- "WHERE AM I"; FREE DISCUSSION; INDIVIDUAL COUNSELING; COLLABORATIVE PROJECTS; ANALYSIS; GROUP DECISION PARTICIPATION; INDIVIDUAL TESTING ALTERNATIVE. MODEL LEADERSHIP, CARE IN SELECTION AND BRIEFING. MOTION PICTURE WITH DISCUSSION.
STIMULATE NEW WAYS OF WORK AND RELEASE CREATIVITY.	FREE DISCUSSION TO CLARIFY VALUES; WORK GROUPS OR INDIVIDUAL ASSIGNMENTS TO DEFINE STEPS IN APPLICATION AT HOME; USE OF ADMINISTRATORS AS CONSULTANTS TO COMMUNICATE HOPES OF THE ORGANIZATION; ALERT FOR DELAYED ACTION EVALUATION REPORT; AFTER A LAPSE OF TIME "WHAT I HAVE DONE BECAUSE I HAD THIS TRAINING."[7]

Dale's Cone of Experience
Application of a Basic Learning Principle



People generally remember

10% of what they read

20% of what they hear

30% of what they see

50% of what they hear and see

70% of what they say or write

90% of what they say as they do a thing

Levels of Abstraction

Verbal receiving

Visual receiving

Hearing, Saying, Seeing and Doing

Overhead Master

Handout Master

Formats for Learning

- Individual Study
- Small Groups
- Meetings
- Clubs
- Action Projects
- Workshops
- Demonstrations
- Conferences
- Courses
- Trips and Tours
- Community Relations
- Programs
- Large Meetings
- Creativity Sessions
- Exhibits, Fairs, Festivals
- Conventions
- Traveling Road Shows

Educational Devices

- Books, Magazines
- Pictures
- Film 8mm or l6mm
- Slides
- Tape-recording
- Records
- Film Strips
- Video-Recordings
- Easel — Flip Chart
- Flannel Board
- Posters and Signs
- Chalk or Cork Board
- Lectures
- Multimedia
- Environments
- Laboratory Methods
- Process Groups
- Buzz Groups
- Brainstorming
- Stimulation
- Games
- Role Play
- Nonverbals
- Case Study
- Critical Incident
- Teaching/Learning Teams

Trainer Skills

- General Linguistic Ability in both Speaking and Writing
- Audiovisual Epuipment Technique
- Group Process Skills
- Graphic Arts Skills
- Educaitonal Design Skills
- Skills in Applied Andragogy
- Skill in Lecturing
- Ability to arrange and Conduct Meetings and Conferences
- Community Action Skills
- Organizational Development Skills
- Process Counsulting Capability
- Management and Administrative Skill

Overhead Master

IT IS IMPORTANT TO REMEMBER THE FOLLOWING WHEN SELECTING AND UTILIZING TRAINING AIDS:

1. ANALYZE THE CONTENT AREA TO DETERMINE WHAT ASPECTS OF IT AY BE PRESENTED MORE EFFECTIVELY WITH USE OF A TRAINING AID.

2. COORDINATE THE USE OF THE TRAINING AID WITH THE TOTAL PRESENTATION OF THE SUBJECT.

3. REHEARSE THE PRESENTATION. EVEN THOUGH YOU MAY FEEL "SILLY" AT THE TIME, YOU'LL BE GLAD THAT YOU "PRACTICED" DURING THE ACTUAL PRESENTATION.

4. PREPARE THE EQUIPMENT SO THAT IT WILL BE READY FOR USE BEFORE IT IS NEEDED. (A CHALK BOARD WITH NO CHALK IS LIKE A CAR WITH NO GAS.)

5. THE TRAINING AID IS NOT A CRUTCH -- IT IS TO FACILITATE TRAINING/LEARNING. IT IS NOT A SUBSTITUTE FOR TRAINING.

UNIT IV: THE USE OF HUMOR IN THE CLASSROOM — TIME: 4 HOURS

GOALS

- To enable participants to see the link between changing attitudes and the use of humor.
- To enable participants to understand the history of the use of humor in changing public opinion.
- To allow the participants the opportunity to share training experience

OBJECTIVES

At the end of this unit, participants will:

- Have been provided the opportunity to experience a learning session designed with humor as the major teaching technique.
- Design and present a cartoon for use as a teaching tool in an identified topic area.
- Have been provided the opportunity to share with other participants successes and failures in training.

MATERIALS

- Flip chart or newsprint
- Easel/tape
- Felt tip pens
- Handouts
- Overhead projector and transparencies
- Tracing paper

The Power of the Cartoon

The final session of the workshop began with a discussion of the use of humor in teaching. The handout on the next page was used as a focus of discussion.

The faculty pointed out that humor can be a very sensitive and effective teaching technique. The following points were emphasized:

1. Humor can be used with all levels of employees.
2. Humor is an effective way of changing or influencing attitudes.
3. Humor can be used to gently scold when ridicule and sarcasm are absent.
4. Humor can be used on sensitive topics (i.e. sex within the nursing home).

The following series of cartoons were shown on the overhead. They are based on the book A Collection of Cartoons — A Way of Examining Practices in a Treatment Setting by Lena Metazelaan, available from the Institute of Gerontology, The University of Michigan — Wayne State University, Ann Arbor, Michigan.

Handout Master

THE USE OF HUMOR IN TEACHING

Cartoons have served for centuries to lampoon man and his foibles. Characteristically, they have been used as a protest against authority. Designed to influence public opinion, they are well known as a political tool. Cartoons are a powerful means of relaying a message.

As is frequently true, the cartoons are not meant to be funny. Instead they illustrate "gallows humor" with its tragic overtones.

The intention in designing and using cartoons in your setting is to stimulate and encourage staff to examine current practices, behaviors, values, and expectations in the facility, and to consider and implement those changes which make treatment more therapeutic, and life more meaningful, dignified, and pleasant for the elderly.

The exercise of drawing cartoons portraying non-therapeutic practices in the participants own setting is used as a technique to facilitate discussion about negative attitudes and practices in a non-threatening way. The cartoons may focus on issues relating to non-therapeutic practices in such areas as staff relationships, administrative practices, staff communication with patients/residents, etc.

The use of humor in the learning environment can be a valuable technique for eliciting feelings and attitudes toward a variety of issues in the long term care setting. Finally, it can add variety to the various teaching methods which you have available to cover the necessary topics in orientation and inservice.

I. Student/Teacher Relations

- Well, here we see a smiling, happy patient; a well-cared for person but the room is still messy. The teacher wants to know what the student has been doing all day, which should be clear. It seems to indicate a common problem in health care of misplaced values. The teacher/administrator wants a nice clean room, but what we are really all about is taking care of people.

What on earth have you been doing all morning?!
Student
Teacher

WHAT DO YOU MEAN YOU DON'T KNOW. WE'VE ALREADY COVERED THAT.

NO, NO,
JUST LET ME
DO IT!

Student

Teacher

II. Attitude Toward Job As a Profession

- This is painful, but unfortunately too often true. It has happened in most facilities. The case here is that the aide has not really determined what the resident wants or likes. It is so important to try to consider personal tastes whenever possible.

Will you please help me to the bathroom
Sorry, that's not my job.

HOW COULD YOU WET ALL OVER MY CLEAN FLOOR. I JUST FINISHED MOPPING!
SHE WAS SO BUSY MOPPING... SHE FORGOT ME
6 0 6

- We have talked about this earlier, but the idea of forced activity is really repugnant. These people are not children. Some may need a little prodding to keep them active, but shouldn't be forced to participate in games or other activities in which they are not interested.

O.K! Everybody UP!
Activity Time. Time
for fun and recreation!
BINGO
NOT BINGO
AGAIN!

ADMINISTRATIVE POLICY

III. Respect for Residents

- I think it was Goffman who wrote about the feeling of dehumanization and lack of control in an institution. There is very little difference in institutions in that it is like being a prisoner.

- Making moves in the nursing home can be very traumatic. The research done on relocation shows this to be the case, and it seems that often these moves are made to solve staffing problems rather than for the resident's best interest. If they must move, at least we can try to prepare them for it gradually and attempt to keep them involved in the decision.

HEY YOU!
YOU'RE BEING
TRANSFERRED
?
PATIENT
#7572
CLOTHING
BAG

I WISH THEY WOULD ACT THEIR AGE

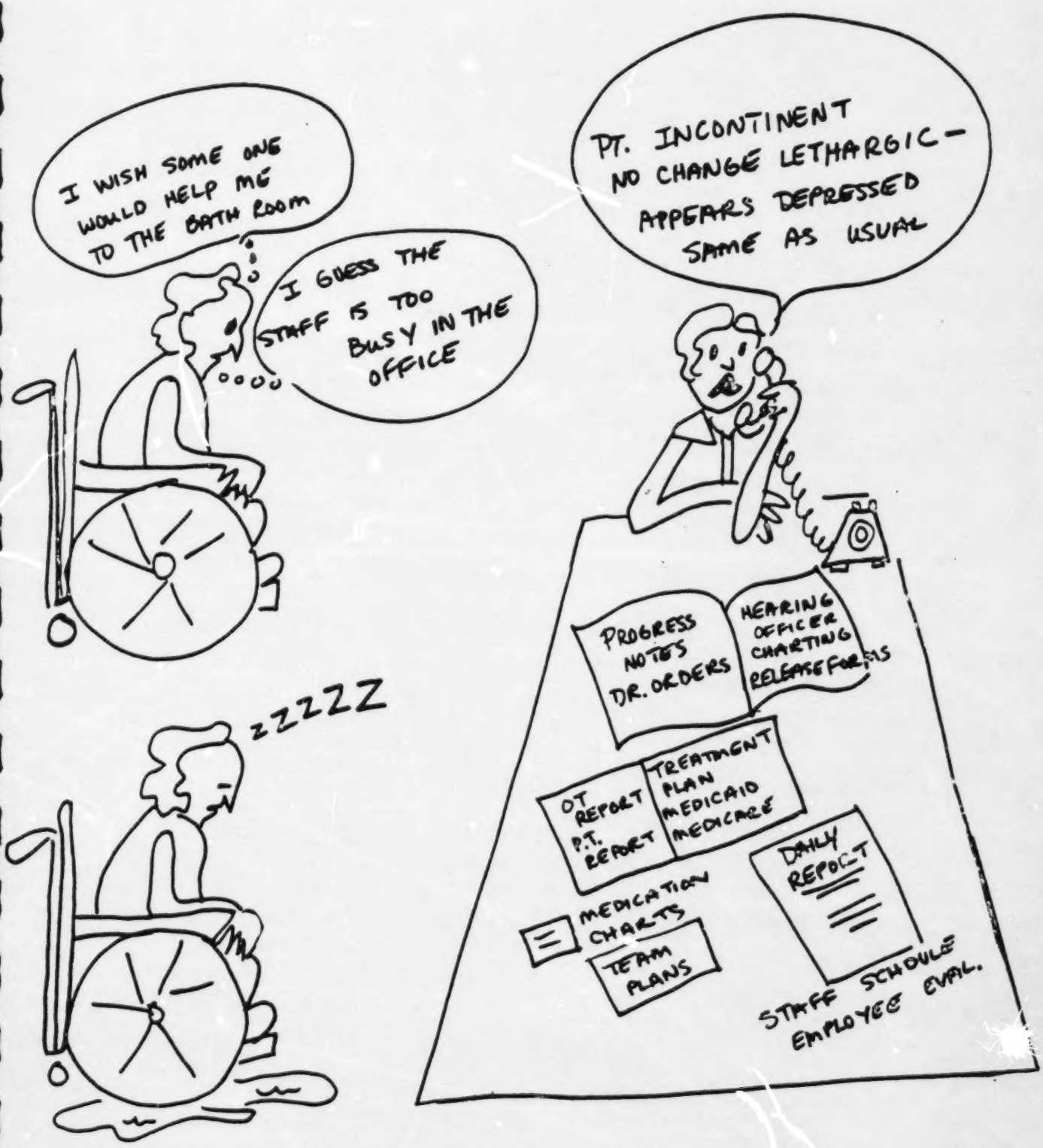
- This is one instance when talking in childish language can backfire. In our facility this also happens when an aide will say "It's time for us to go to bed." We must try to treat our residents as adults, and this includes how we talk.

IT's TIME FOR OUR BATH NOW....
IS SHE REALLY GOING TO GET IN WITH ME?

DO THEY THINK I'M DEAF!
LOOK AT HIM — HASN'T EVEN SHAVED! PROBABLY DOESN'T EVEN KNOW HOW!

HELP! I AM A PERSON
WHAT'S THE USE
HE CAN'T DO ANYTHING. IT'S A WASTE OF MY TIME.

MEDICATION


I WISH SOME ONE WOULD HELP ME TO THE BATH ROOM
I GUESS THE STAFF IS TOO BUSY IN THE OFFICE
PT. INCONTINENT NO CHANGE LETHARGIC - APPEARS DEPRESSED SAME AS USUAL
ZZZZZ
PROGRESS NOTES DR. ORDERS
HEARING OFFICER CHARTING RELEASE FORMS
OT REPORT P.T. REPORT
TREATMENT PLAN MEDICAID MEDICARE
DAILY REPORT
MEDICATION CHARTS
TEAM PLANS
STAFF SCHDULE EMPLOYEE EVAL.

IV. The Institution as a Home

- In some of the larger facilities it must be a problem in that the facility may become like a learning lab for tours, students, etc. Although we may assume that the residents do not care, this is still their home and we must respect their privacy. Also, although we assume some residents cannot comprehend or are out of touch with reality, they may indeed hear the messages — how very degrading to hear someone refer to you as a "senile."

AND THESE ARE OUR SENILES WHO DON'T KNOW WHO THEY ARE, WHERE THEY ARE — AND ARE INCONTINENT, NEEDING TOTAL CARE...

DON'T DROP HIM!

OPEN YOUR MOUTH AND EAT OR I TAKE IT AWAY. SWALLOW! I HAVEN'T GOT ALL DAY!
I DO MY BEST, BUT I CAN'T CHEW WITHOUT MY TEETH. BESIDES, I HATE LIVER, I LIKE SUGAR IN MY TEA. SHE MIGHT AS WELL TAKE IT NOW WHILE IT'S STILL WARM. I KNOW SHE'LL EAT IT ANYWAY.
oooo

- I have had cases where the resident just could not see well enough to identify the correct room. All the doors look alike, and when they are forced to change rooms often, it is easy to become confused. We have tried painting each hall or corridor a different color.

WHERE IS MY ROOM?
DOWN THE HALL
BLAH BLAH BLAH

- No matter how well a job has been done, some teachers can always find something wrong. It seems that it is so hard to focus on successes and to give praise. For example, in this cartoon, the bed is perfectly made, the floor is clean, etc. Yet, the teacher points out only the one mistake. I think we do this often.

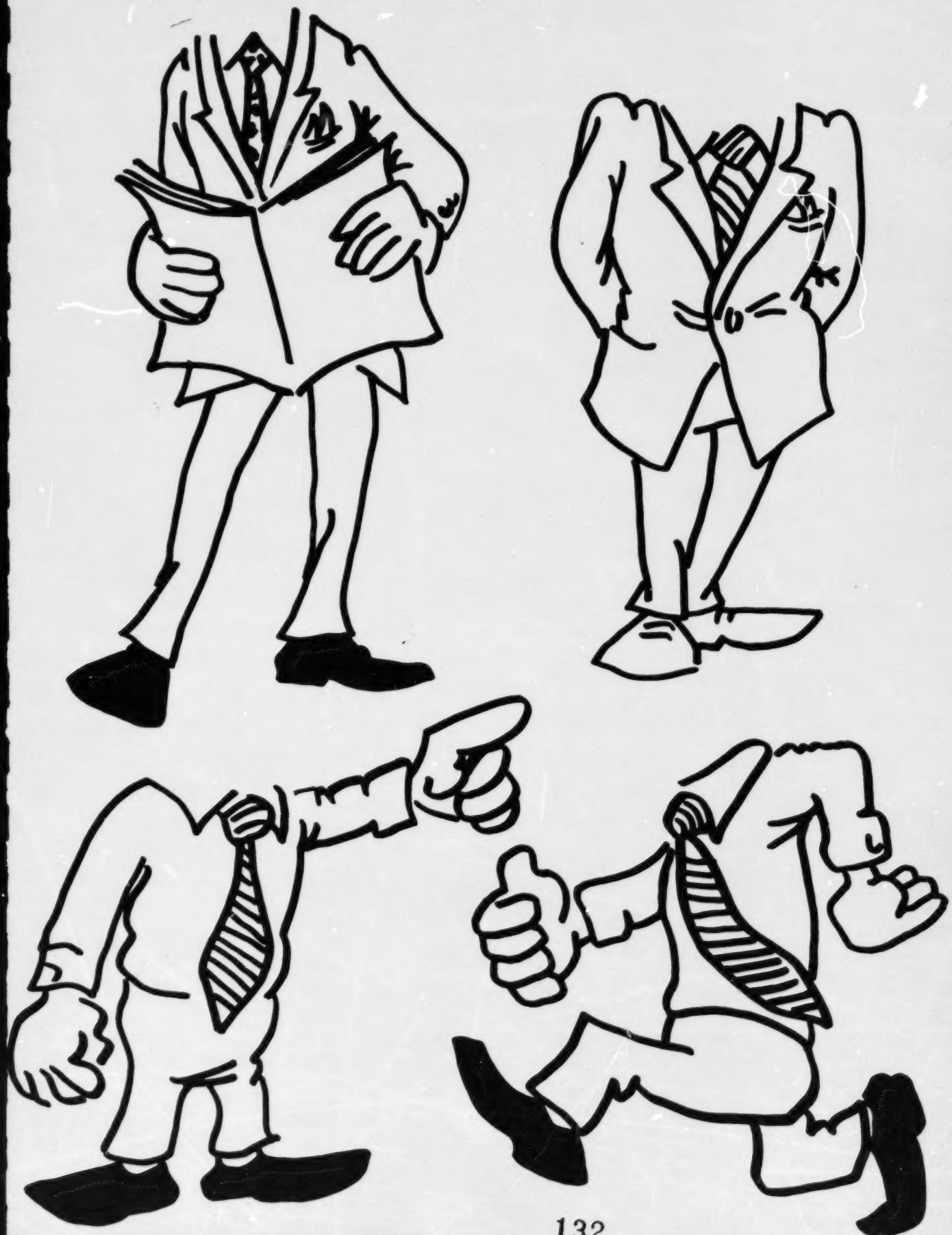
WHY HAVEN'T YOU CLEANED UP THE DEAD FLOWER?
HOME SWEET REST HOME
Teacher
Student

- For one, it depicts a certain attitude on the part of the teacher by identifying people by numbers. There is no individualization of care. When directions are given in such a manner, the assignment seems overwhelming — no wonder staff gets it all mixed up!

TAKE MR. BROWN TO THE SHOWER, MAKE THE BEDS IN 206, 207, 210, 216, 222, 230 and 408, SHAVE MR. WHITE, MR. BROWN AND 408, AND MAKE SURE 210, 222, 230 HAVE CLEAN CLOTHES ON.
WHAT DID SHE TELL ME TO DO ???
Student
Teacher

The assignment following the session on cartoons was given to participants. Each was to identify a problem from their own facility and, with the cartoon characters provided, design their own cartoon for use in teaching their chosen topic. While involved in this project, it became apparent that many in the group had chosen sexuality and aging as their topic. The following discussion sums up the final activities of the day, with a focus on what trainers can do in the education of the family, staff, and community concerning the needs of older persons. The cartoon characters are provided as overhead masters on the next pages.

One area, sexuality, needs to be examined and clarified. In particular, we need to look at the home's policy, and how the administrator enforces it. (Those who make decisions are invoved and if you are a department head, you may be one of these individuals). In light of the federal civil rights, each home must have these policies, but how you operationalize these rights in the policy must be evident. In most homes it is not explicitly outlined except for guidelines for conjugal visits (which may promote marriages to which younger children may object to). For example in one facility the staff and other residents could cope fairly well with a romance between two residents. However when the male resident's daughter heard of it, she came to the facility and demanded that "something" be done.

As educators we need to provide, in a calm objective atmosphere, the learning opportunity for people to make some kind of decision about sexual relations and their older relatives. We must explain to staff and families that we cannot restrain residents from such activity for in doing so we violate their civil rights. Patients do not sign over their rights when they enter the nursing home; they are entitled to private visits in their room, either with family or others. In some states, such as California, the statues provide that a separate private room be made available for private visits (i.e. visits from attorney, family, etc.). Some may feel that this arrangement "points the finger." The room would have to be very multipurpose to avoid the stigma of geing a "sex room."

On the other hand, there are people who have come into the home, within this age cohort, who themselves put pressure on their peers and on administration to limit such sexual activity. As trainers we must establish an open forum for discussion of this issue so that residents and staff may begin to see sexual relations as a normal part of the entire life cycle. It probably will not solve the problem, but it will at least be an attempt to examine attitudes on the part of staff, residents, family and the community.